



City and County Borough of



Canterbury

1967

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL
OFFICER

Including the Reports of the
CHIEF PUBLIC HEALTH INSPECTOR,
THE PRINCIPAL DENTAL OFFICER
and the
Medical Director of the Child Guidance Clinic
for the year

1967

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Acknowledgement is made to the Kentish Gazette for use of negatives for photographs.

CITY OF CANTERBURY—1968

Mayor:
COUNCILLOR H. J. BUCKWORTH

Chairman - Health Committee:
COUNCILLOR MRS. E. M. ROTHERMEL

Chairman - Education Committee:
ALDERMAN S. H. JENNINGS, O.B.E.

Chairman - Markets and Licensing Committee:
COUNCILLOR K. G. HILLS

Town Clerk and Welfare Officer:
J. BOYLE, LL.B.

Director of Education:
N. POLMEAR, M.A.

Medical Officer of Health and Principal School Medical Officer:
MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Chief Public Health Inspector:
T. L. MARTIN, A.R.S.I., M.S.I.A.

COMMITTEE MEMBERSHIP, 1968

Mayor:
COUNCILLOR H. J. BUCKWORTH

Health Committee:

Chairman: Councillor MRS. E. M. ROTHERMEL.

City Council Members: Alderman T. McCALLUM, Councillor MRS. K. M. ELLIS, Councillor K. G. HILLS, Councillor MRS. L. PIKE, Councillor B. A. PORTER, Councillor J. TILLEARD, Councillor R.G. WILLOUGHBY, Councillor A. V. WILSON, Councillor MRS. A. K. WOOLLEY.

Co-opted or Representative Members: MISS E. M. HAIGH, Matron Kent and Canterbury Hospital; DR. J. A. CHEESE, Local Medical Practitioner; MR. A. FENTON-TAYLOR, South East London and Kent Executive Council; MRS. H. V. PAGE, Canterbury Group Hospital Management Committee; MRS. M. INGRAM.

Mental Health Service (Case) Sub-Committee:

Chairman: Councillor MRS. E. M. ROTHERMEL.

City Council Members: Councillor MRS. K. M. ELLIS.

Markets and Licensing Committee (Public Health):

Chairman: Councillor K. G. HILLS.

City Council Members: Councillor H. J. BUCKWORTH, Alderman W. S. BEAN, Alderman H. P. DAWTON, Alderman P. L. WOOD, Councillor T. M. BARKER, Councillor L. R. BENNETT, Councillor F. E. JOHNSON, Councillor H. V. STEPHAN, Councillor R. G. WILLOUGHBY, MR. E. HEDGER.

Education Committee:

Chairman: Alderman S. H. JENNINGS, O.B.E.

City Council Members: Alderman E. E. KINGSMAN, Alderman T. McCALLUM, Councillor E. C. F. BROWN, Councillor MRS. K. M. ELLIS, Councillor K. G. HILLS, Councillor B. A. PORTER, Councillor MRS. E. M. ROTHERMEL, Councillor J. TILLEARD, Councillor A. V. WILSON.

To the Right Worshipful the Mayor, the Aldermen and the Councillors of the City and County of Canterbury.

I have the honour to present the annual reports for the year 1967. The new form of layout presented in 1966 appears to have found acceptance and has made possible the introduction of illustrations in this year's issue.

The air is full of opinions on the shape of local government, the management and administration within Local Government, and the manner in which the several parts of the country's health and welfare services should be linked, bonded or combined. While this can lead to a feeling of uncertainty and insecurity in staff, it may also lead to the councillors losing an appreciation of the work of the health department in the perspective of local authority services.

The "sanitary idea" is over one hundred and twenty years old and has now involved a span of services that Chadwick, its originator could never have imagined. Remember that in the field of local government, although the "public health" idea, as we euphemistically interpret it today, has involved engineers, architects, administrators and managers in a multiplicity of technical and functional duties, the custodian of the sanitary idea is still the sanitary inspector. While his title has been rescued from the denigration suffered by the term 'sanitary' and he is now the Public Health Inspector, he remains the observer and inspector in environmental matters through whom situations endangering the public health are brought to our attention for correction.

If future developments dissociate the medical officer of health from a direct connection with local government to encompass him in the equally troublesome waters of area health boards with a roving commission in social medicine to local authorities and hospitals alike, the sanitary idea will not decline with his transfer. Rather will it make more clear the value and custodial function of the public health inspector.

Impressed with the importance of the public knowing more about the rate supported health services, it was considered useful to offer facilities to a local newspaper to study and report on our work. Thus over twelve months the newspaper ran a monthly illustrated feature on aspects of the department's services. Even those who only look at the pictures were made more aware of the service given.

Events in the early part of the year led to the predication of the case for one or more health centres in the City in substitution for existing proposals to replace the Central Clinic. The outcome that these recommendations were not at once found acceptable should not label them as undesirable. The evolution of a new shape to services which have such a close association with individual welfare tends to stir emotions which can prejudice immediate acceptance. Whilst the delay in settling the policy may have lost us more time in the national queue for financial support than the actual period taken to reconsider the policy, it has not been harmful if the the Councillors and the community go forward with greater confidence in health centre development.

Hesitation on health centres did not deter us in taking the next step in co-operation with the family doctors by attaching district nurses to the practice surgeries. The association of health visitors is still tenuous.

The University has an established student health service. Our own Technical College and College of Art have not. The need for greater interest in student welfare in our own establishments has led to the appointment of a lodgings officer, and the development of an informal student welfare committee for the College of Art, with which the health department has a link. The standard of some student lodgings caused us concern and the Chief Public Health Inspector brought pressure to bear where needed to effect improvements. Student years are vulnerable years for physical and mental health through ebullient energy, reactionary outlook and new independence. We must care for the health without carping at the rest, to give the community the maximum cost benefit from the outlay on higher education.

The prospering of sports activities, the hope of a good swimming pool, the activity of the Longbridge Youth Centre, the realisation of the amenity and pleasure value of the River Stour running through the City and the action to improve and develop the pre-school children's playground at Toddlers' Cove in Westgate Gardens, have all been expressions of a healthy outlook. It carries the realisation of our local blessings of sunshine and scenic splendour a step further that the Council has agreed a Clean Air policy to be applied over a period of years. With such a policy and the City Engineer's long term tree planting scheme Canterbury will indeed be a place of beauty and a joy for ever in ten years' time.

MALCOLM S. HARVEY
Medical Officer of Health

ANNUAL REPORT, 1967; ON THE STATE OF THE PUBLIC HEALTH AND THE LOCAL HEALTH SERVICES IN CANTERBURY

The growth of the City during the year was less than expected. University building spreading across the face of the north skyline hinted at more but it was the end of the year before the potential of building land was a reality. It is not that the car has taken over Canterbury but that a number of clearance areas have become temporary parking areas until the parking policy is implemented. The redevelopment of those clearance areas retained for housing will alone heal the scars.

Our estimated midyear population of 32,910 was an increase of less than 200 over the previous year. The number of births, 471, fell to around the 1960 level, which accords with the national experience, although the peak level in Canterbury was in 1965 and not in 1964 as in England and Wales.

In a population of our size the infant mortality rate fluctuates sharply from year to year, but by considering it over a 5 year span a more realistic appraisal is possible. The Canterbury infant mortality rate for 1967 was 25 per 1,000 live births comparing badly with the figure of 18.3 for England and Wales. For the period 1963-67 inclusive the Canterbury rate was 21.4 against the average of 19.4 for England and Wales in the same period.

The Perinatal mortality over the same 5 year period, 27.2 was the same as that for England and Wales, showing that our problems are not in the immediate neo-natal period but in the later weeks and months of infant life. This should direct our attention to the child health service if improvement is to be achieved. One infant death raises the local rate by 2.

The persistence of our infant mortality at a rate of 2 above the national average over the five year period must make us look at the causes of these additional infant deaths. During the 5 years there were 11 deaths of infants over 1 month old which were not attributable to complications of prematurity or congenital abnormalities. Four of these were "cot deaths", 3 were due to respiratory infections, 2 to gastro-enteritis and 2 to meningitis.

In the 1966 report I stressed the significance of breast feeding even for only a few weeks, in the prevention of cot deaths. Is it the social pressure of selfish husbands or just prudery that is denying so many new born babies their rightful entail? Less than half the number of mothers are breast feeding on discharge from the maternity unit or at the end of the domiciliary midwife's care. This early dependence on cows milk may well be the beginnings of the current problem of coronary thrombosis and other vascular lesions associated with cholesterol deposits in the arteries.

In those dying under the age of 65 and over the age of 1 year (21% of all deaths) 39% of deaths were due to vascular, coronary or other diseases of heart and circulation, including 19% due to coronary disease alone. The only other condition approaching coronary disease as a hazard of males under 65 years of age is cancer of the lung and bronchus, which accounted for 16% of male deaths in the 1 - 64 age range, against 21% for coronary disease. The percentage of all deaths under these causes in all ages and both sexes are cancer of lung and bronchus 5.7% and coronary disease 19%.

The level of employment showed some reaction to the national economic stress in the mid-year figures but by the end of 1967 had improved on the previous year. The figures available cover the City and the surrounding Bridge-Blean Rural District with a ratio of male to female unemployed of 7 to 1.

There are no day nursery facilities within the district in the usual sense of the term, but six pre-school play groups are giving mothers some relief and their children the experience of contact with other children in a supervised situation. Two other groups, one for mentally handicapped children were also developing. These groups vary in outlook and intention. Two are play centres for the relief of mother, three are educationally orientated, and one aims to help mothers who are part-time nurses to take up such work in the general hospital. The new group for mentally handicapped pre-school children provides support and enlightenment for the mothers. It was housed at first in the Central Clinic but has now moved into the welfare clinic rooms in the May Hooker Centre (Child Guidance). These groups are run by voluntary committees and receive grant in aid from the City Council.

In addition there is 1 registered child minder (8 children), and 1 kindergarten school in which the keeper is registered as a child minder (18) by reason of residence.

The well-established Family Planning Association clinic run in our Central Clinic made it possible to develop the service within the scope of the National Health Service (Family Planning Act) 1967 without any great difficulty.

The mental health services now have every prospect of including an Adult Training Centre by the end of 1969 as the Ministry indicated willingness to approve the proposal if we could proceed at once. Such a challenge was accepted.

St. Augustine's Hospital showed much interest in the use of mental after care hostels and we received a sudden increase in requests for such support for recovered cases. Not all these were within our powers to help and clarification of responsibility and aims was necessary. But the exercise makes it clear that this is a growing point in the mental health service.

You are now referred to the tables and notes on the tables for greater detail of the year's activities.

Vital Statistics	1967	1966	Mean 1963/67
Population Mid-Year	32,910	32,770	32,256
Area in acres	4,810	No change	
Inhabited dwellings 1st April	10,732	10,709	10,524
Product of 1d rate	£6,350	£6,140	-
Persons per dwelling	3.06	3.05	3.06
Live births	471	516	513
Live and stillbirths	481	520	522
Illegitimate live and stillbirths	34	53	42
% of total	7.06	10.2	8.1
Total deaths	403	423	416
Infant deaths	12	8	11
<u>Statistical Rates (unadjusted)</u>			
Birth Rate per 1,000 population	14.3	15.7	15.9
Death Rate per 1,000 population	12.2	12.9	12.8
Infant Mortality per 1,000 live births	25.1	15.5	21.4
Stillbirths per 1,000 live and stillbirths	20.7	17.7	12.2
Perinatal Mortality rate	31.1	17.3	27.2

Comparisons with rates for England and Wales after adjustment

	Adjustment factor	Canterbury 1967	England and Wales 1967
Birth Rate	1.07	15.3	17.2
Death Rate	0.80	9.76	11.2
Stillbirths Rate	-	20.7	14.8
Infant Mortality Rate	-	25.1	18.3
Neo Natal Mortality	-	12.7	12.5
Perinatal Mortality Rate	-	31.1	25.4

Causes of Death	1967 Actual deaths	1967 Rate per 100,000	Mean of 1963-67 as a Rate per 100,000 population	England & Wales Rate per 100,000 1967 (provisional)
Tuberculosis of Respiratory System	-		1.2	3.7
Tuberculosis. Other forms	-		-	
All infective and parasitic diseases	1	3	3.	
Malignant Neoplasm, stomach	6	18	21.8	58.4
Malignant Neoplasm, lung and bronchus	23	70	54.5	
Malignant Neoplasm, breast	10	30	19.9	
Malignant Neoplasm, uterus	2	6	5.4	
Other malignant and lymphatic neoplasms	34	103	95.7	
Leukaemia - Aleukaemia	2	6	5.4	
Diabetes	1	3	4.2	
Vascular Lesions of Nervous System	73	222	206.	
Coronary Disease and Angina Pectoris	77	234	242.	
Hypertension with Heart Disease	4	12	24.2	
Other Heart and Circulatory Diseases	76	231	227.	
Influenza	-	-	2.4	
Pneumonia	30	91	84.	
Bronchitis	19	58	69.7	
Other diseases of Respiratory System	1	3	8.4	
Ulcer of stomach and duodenum	2	6	8.4	
Gastritis, Enteritis and Diarrhoea	3	9	5.4	
Nephritis and Nephrosis	5	15	15.2	
Hyperplasia of Prostate	-	-	3.1	
Pregnancy, Childbirth and Abortion	-	-	-	0.2 per 1,000 live & still- births
Congenital Malformation	5	15	12.	
Other defined and ill defined diseases	19	58	100.	
Motor Vehicle accidents	5	15	13.9	
All other accidents	3	9	13.9	
Suicide, or Homicide	2	6	11.9	
Total	403			

Factor to convert actual deaths to rate per 100,000 = 3.04.

Home Health Services

Health Visiting

The staff has remained unchanged at one Superintendent Health Visitor who also supervises the district nursing and school nursing services, and 5 Health Visitors of whom two have additional responsibilities, one as field instructor and one in health education. All six are involved in school nursing duties and attend primary school medical inspections.

Visits made by Health Visitors (excluding School Health work).

Category	First visits	Total visits
Infants born in 1967	477	2,184
Children born 1962-66	2,131	6,179
Expectant mothers	126	201
Elderly persons over 65 years	121	208
After Care, Inf. Disease, Home Accidents, etc.	287	673

Only 41 primary visits and 98 follow-up visits were made at the request of the family doctors. The Health Visitors made 457 clinic session attendances (excluding Chest Clinic work shown below).

A state enrolled nurse is shared with the school health service. The S.E.N. made 134 clinic session attendances and 200 home visits.

An additional Health Visitor for tuberculosis is shared with Kent County Council and is attached to the Chest Clinic.

Chest Clinic Health Visitor Sessions - 53 = Mantoux Test Sessions - 48

B.C.G. Contact Clinics - 5

Home Visits to Tuberculosis cases - 437

Child Health Clinic Attendances

	Age Group	Central	Wincheap	North-gate	London Road	St. Stephen's	Totals
On Clinic Register	Under 1	178	85	54	97	61	475
31.12.66	1-5 years	389	168	124	173	95	949
On Clinic Register	Under 1	194	58	58	65	40	415
31.12.67	1-5 years	314	145	95	236	112	902
Number of Children attending	Born 1967	196	63	65	66	43	433
	Born 1966	186	66	73	95	69	489
	Born 1962/65	213	102	112	132	65	624
Attendances by Children	Born 1967	1,574	557	484	606	393	3,614
	Born 1966	1,274	477	529	630	512	3,422
	Born 1962/65	852	411	504	359	265	2,391
Total attendances:							<u>9,427</u>

Clinic Doctors' Consultations:

Children born 1967	..	..	..	..	..	..	718
Children born 1962-66	..	..	..	..	..	..	1,207
Total	..	..	..	..	..	..	1,925

At Risk Register (Observation Index)

For several reasons this register is being converted into a more mobile index and will change its title to Observation Index. The first is in line with the outlook of the Sheldon Report. The second is the acquisitive habit of the Children's Department of absorbing to its use established Health Department terminology. "At Risk" is now applied to families at risk of requiring that department's attentions. Another reason is to ensure that method allows cases to be brought into the observation discipline at any pre-school stage and withdrawn as soon as progress justifies. An example would be a severe case of measles, middle ear disease or meningitis.

The register had been reduced from 251 to 175 cases by the end of the year.

Prematurity

Out of the 31 premature births (under 5½ lbs. or 2,500 grammes weight) 8 occurred in domiciliary practice.

Congenital Malformations

There were 13 births (live or still) in which congenital malformations were notified. These malformations involving the following systems according to defects recorded totalled 23.

C.N.S. - 6 Alimentary System - 8 Heart and Great Blood Vessels - 1.

Limbs - 4 (Eye, Ear, Respiratory System, Urogenital System, other

Skeletal systems - Nil). Other systems - 2. Other malformations - 2.

Priority Dental Care

Numbers provided with Dental Care

	Examined during the year	Commenced treatment during the year	Treatment completed during the year
Expectant & Nursing Mothers	33	38	29
Children under 5	62	68	55

Numbers provided with dental care

	Scaling and Gum Treatment	No. of Teeth Filled	Teeth otherwise Conserved	Crowns and Inlays	Extractions	General Anaesthetics	Patients provided with Dentures		Radio-graphs	Teeth Root Filled
							Full Upper or Lower	Partial Upper or Lower		
Expectant & Nursing Mothers	15	54	-	-	64	14	5	12	3	1
Children Under five & not eligible for School Dental Service	1	39	9	-	58	25	-	-	-	-

Nurseries, Play Groups and Child Minders

Consideration of local development must be divided into (a) voluntary activity and (b) other registered service. The Council has not developed any day nursery facilities of its own but has encouraged the development of voluntary play groups. The extent of privately arranged child minding of single children or the care of working mothers' children by grandparents is not known accurately but is not extensive. An enquiry into the possible release of qualified married women for full or part-time teaching by the provision of day nursery places found that those married teachers wishing to do so had found suitable day-time care either in a day nursery close to the City or through private or registered child minding. The needs of the hospital for married nurses was looked at carefully and provided the stimulus and justification for the development of one pre-school play group. The seasonal flow of married women to work on soft fruit picking in the rural district includes the children in neighbourly daily expeditions by farmers lorry. Improvement in the facilities provided has been noted, including the provision of child supervisors in a shed or barn during inclement weather and better water supply and closet provision.

(a) Voluntary Activity

Eight voluntary pre-school play groups were functioning or were about to open at the end of 1967. Three of these are play centres held on one afternoon providing a total of 90 places in all. One is a 'closed list' play group for military families of 24 places. Three are pre-school play groups meeting three mornings each week with a nursery teaching outlook, totalling 80 places. One is a small voluntary group of parents of mentally handicapped pre-school children who meet with their children one morning each week in clinic premises. There are therefore around 200 places for pre-school children to gain gregarious experience, community discipline, and the beginnings of learning, giving to their mothers time to relax or shop or opportunity for part-time work. These groups are visited periodically by a health visitor. This development over recent years which started with the W.R.V.S. play centre in a council house estate and has now spread to be easily accessible to most of the city, is gratifying. Whilst the Council's grant in aid is token support it has encouraged sponsorship from other directions, not least from the mothers themselves. Undoubtedly the coming of the Teachers' Training College and then the University has provided the woman power behind the play group growth.

(b) Other registered service is but one registered child minder for 8 children and one kindergarten school which falls within the regulations, for 18 children.

Domiciliary Midwifery

Staff. Three full-time midwives and one part-time relief midwife.

Home deliveries 113 : Emergency admissions from district 10.

Early hospital

discharges 79 : Stillbirths 2

Analgesia: Entonox 69 : Peth. products 82

Dr. present 24 : Dr. present 29

Ante-natal Care:

As the midwives are now attached to practices in the City the clinical ante-natal care is centred on the doctor's surgery with the midwife attending. The supportive care is centred on the Central Clinic where Mothercraft meetings (Health Visitor and Midwife lead the groups)

Relaxation Classes (Physiotherapist)

and Sewing Classes (Technical College external instructor

Winter and Spring terms)

are held each week.



HAPPY MOTHERHOOD - A RELAXATION CLASS IN PROGRESS

Mothercraft 53 sessions. Mothers 96

Relaxation Classes - 62 sessions. Mothers 215. Attendances 1,161

The film 'To Janet a Son' was again shown to an audience of expectant mothers and fathers.

Live births of whom notification was received.

		<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1964</u>
Home delivery	-	114	126	129	178
Hospital delivery	-	1,478	1,405	1,370	1,160
		1,592	1,531	1,499	1,338

The hospital deliveries include many babies from outside the Authority's area.

Live births to Canterbury mothers, where delivered:

	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1964</u>
Domiciliary Practice (City)	112	126	129	175
Kent and Canterbury Hospital	294	328	338	294
Private Domiciliary Practice	Nil	Nil	Nil	Nil
Military Families Hospital, Shorncliffe	25	23	26	24
St. Helier's Maternity Home, Tankerton	16	21	23	26
Elsewhere	5	9	6	13
	<u>452</u>	<u>507</u>	<u>522</u>	<u>532</u>

Stillbirths: At home 2 : In hospital : 9

Welfare Foods

We receive much help from W.R.V.S. members in selling Welfare Foods at the outlying clinics. There is a necessary duty to have a store of and to sell National Dried Milk and welfare supplements. For this reason we provide a central distribution centre in the Central Clinic. The annual uptake of National Dried Milk continues to fall. There was a recession in the uptake of concentrated orange juice which had been rising year by year.

	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1964</u>
National Dried Milk (tins)	2,383	3,233	4,623	5,413
Orange Juice (Bottles)	9,834	11,013	10,353	9,167
Cod Liver Oil (Bottles)	449	466	444	362
Vitamin A & D Tablets (packets)	570	558	742	793

Home Nursing

The arrangements between the City Council and the Canterbury District Nursing Association were shaping for a take over (of the latter by the former) at the end of the year.

Supervision of the district nursing service by the Superintendent Health Visitor has worked satisfactorily. It was also possible during the year to attach the district nurses to the general medical practices in the City. This raised the amount of travelling, as each deals with patients according to the practice list. The family doctors have differed in how they use the arrangement. One practice has extended the demand to a follow-up of elderly patients, another has encouraged treatment to be based on the surgery to reduce home visiting, but in general the result has been a closer working tie beneficial to the patient.

District Nursing 1962-67

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases over 65	Visits to patients over 65
The year 1962	508	78	5	8	599	20,043	351	15,668
" " 1963	498	101	5	2	606	18,334	363	14,297
" " 1964	431	92	2	-	525	14,913	253	11,015
" " 1965	497	119	3	1	620	15,731	328	11,724
" " 1966	550	121	2	12	685	15,938	337	10,982
" " 1967	523	167	-	5	695	15,390	362	11,266
(Home	495	150	-	5	650	15,292	353	11,240
1967 (
(Surgery	28	17	-	-	45	98	9	26

The nurses attended nine cases under 5 years of age (6 at home, 3 at surgery).

147 patients received more than 24 visits during the year and these cases accounted for 12,249 visits (79% of visits). Cases still on the register at the end of the year 143 (medical 111, surgical 29, others 3).

Health Education

The policy of applying health education through set points of display combined with personal discussion on home visiting was continued. Assessment of success was not attempted. Awareness of the health department services was enhanced by the Kentish Gazette series of monthly articles on some section of public health activity. The Chairman of the Health Committee by her declared interest and representation has done much to lift the local health service out of the gloom.

One health visitor gives part of her time entirely to health education and the table below illustrates the year's programme of displays.

<u>Main Clinic</u>			
	<u>Hall</u>	<u>Clinic</u>	<u>Street or Public Library</u>
Jan.	Common Colds Precautions		Cervical Cytology
Feb.	Common Colds Precautions	Preventing Colds	Stop Spreading Colds
Mar.	Proteins	Building Foods	Body Building Foods
Apr.	Carbohydrates	Are you too fat?	(Site lost)
May	Spring Cleaning	Home Safety	" "
June	10 Points for Housewives	Domestic Food Hygiene	" "
July	Drug Dangers	Don't hoard medicines	" "
Aug.	Holiday Hazards	Play safe with toddlers	(Poisonous Berries and (Fungi (Do healthy people need (drugs
Sept.	Starting School advice	Poisonous Berries/ Fungi	Repeat
Oct.	Dental Health	Anti-Smoking	Dental Health
Nov.	Anti-Smoking	Visit Old People	(Fireworks risks (Hypothermia
Dec.	Home safety - the baby	Buy Safe Toys	(Visit Old People (Buy Safe Toys

The secondary modern schools make use of our willingness to provide a health visitor to give talks or lead discussions and in several of the junior schools the health visitor speaks to the girls in the top class and gives advice on the menarche and personal hygiene.

Cancer Prevention

The cervical cytology clinic was started in mid 1966. By April 1967 it was possible to circulate to the doctors the findings in the first 1000 smears. But thereafter the applications fell away so sharply that by the end of the year we were holding occasional clinics. Investigation showed that this was not due to women preferring to go to the doctor's surgery, for the smears reaching the laboratory from the General Medical Practitioners represented only 23% of the total. We used an approach to groups of women in industry and commerce, newspaper publicity and eventually a frank warning that if the service was not used it would close. On sending the result of the smear test, an application form is enclosed for a friend. The application form shows quite clearly that the woman can have the smear taken at her own doctor's surgery or at the clinic whichever she prefers. The response is very moderate in numbers. The total for the calendar year 1967 was 523 smears taken, and present rate suggests an annual response of about 300, which is under 25% of the possible on a 5 year cycle of smear taking.

Breast examination is offered also at the time of attendance.

The pleasing consequence of having a doctor take the smear is the number of other conditions found, which as a result were brought under treatment, giving improved health and comfort where insidious disease had been patiently tolerated as part of woman's lot.

Home Help Service



‘BRIGHT MOMENT’

From the annual figures it would appear that the service has stabilized for the present but only through the development of other services, especially for the elderly. For example an increase in the proportion of maternity cases delivered in hospital has reduced the help required in domiciliary cases. The development of warden-assisted flatlets for the elderly has cut down the time required in support of those housed. There is undoubtedly a financial factor as shown from the table below and the comment.

Total No. of Visits to assess need (Initial requests to visit from G.Ps and hospitals) = 176.

No. of new cases given Home Help	Hospital Discharge and other cases returning home	Maternity and other enquiries (alternative arrangements)	Reasons for refusal			Cases refusing Home Help		Total
			Had Private Help	Going away or in to Hospital	Not qualified to have Home Help	Over 65	Under 65	
106	13	12	8	6	2	10	19	176

The 19 under 65 who refused help gave the main reason for refusal as the charge, although in some cases the income was fairly high and maximum charge justified.

The case load has remained at the same level, largely due to the present system of payment by the Ministry of Social Security.

Benefit is now being felt of the warden-assisted flatlets, for those residents receiving home help would need double the present hours if living in other types of dwellings.

An experiment to employ 20 year olds as home helps was not too successful. Of the three persons employed only one has remained on the staff. Elderly people will not accept a young home help until she can give confidence in her ability to cope and the home help is unable to give this confidence unless adequately trained. A training flat is very necessary to encourage new staff.

The home helps have worked well despite staff difficulties. Three members met with cycle accidents resulting in long periods of absence due to injuries. The total (pay-roll) hours amounted to 46,634, of which 36,870 were hours worked in cases' homes. The 20% balance covers travelling time, sickness and holidays.

At the 1st January 1967 there were 187 cases on the books. New cases during the year numbered 106 giving a total of 293 cases helped during the year. 184 of these were carried forward into 1968. Completed cases during 1967 numbered 109. The staff of the service is an Organiser, and 6 full-time and 25 part-time home helps.

HOME HELP TO HOUSEHOLDS

For persons aged 65 or over	For persons aged under 65 years				Total
	Chronic Sick or T.B.	Mentally Disordered	Maternity	Others	
243	18	2	11	19	293

Foul Laundry Service

This service which makes home care of the chronic sick incontinent case less burdensome dealt with 548 bundles of foul laundry in the year.

Chiropody Service

The number of cases under treatment was 208 at the beginning of 1967 and 213 at the end of the year. Sixty-five cases were referred during the year; source of referral -

	1967	1966	1965	1964	1963
General Medical Practitioners	48	58	57	44	52
District Nurses	11	13	25	18	6
Health Visitors	6	17	14	3	1

Since the service started on 1st January 1961, 506 cases have been referred.

The cases under treatment at the end of the year comprised:

Physically handicapped - 90 Elderly - 73
Other - 17

Elderly not physically handicapped 123 Total - 213

One hundred and six cases were attending the Chiropodist's surgery for treatment and 107 were receiving domiciliary treatment.

Fifty-one of the 65 new cases referred during 1967 were assessed to pay the minimum charge of 2/- per treatment. Case distribution was 56 female, 9 male.

Total number of treatments given during the year:

Surgery: 446 Domiciliary: 545 Total: 991

Mental Health

This field of local health activity is growing. The seeds of prevention are planted in the monthly meetings between health visitors and the child psychiatrist, and in Dr. Fraser's policy of holding discussions with workers in other departments and disciplines such as the probation service and child care officers. The liaison between the Mental Welfare Officers and the hospital staff is encouraged. This is especially important in deciding after care hostel provision in which there must be an aim and purpose in the arrangement. The resettlement of the elderly recovered case is a more easily defined problem of accommodation and after care supervision.

The provision of an Adult Training Centre for 40 places is now assured and building will commence in 1968 with completion and opening towards the end of 1969.

Due to the increasing pressure of work, a full-time assistant Mental Welfare Officer was appointed as from 1st February 1967.

Care and After-Care

Liaison with St. Augustine's Hospital and the Day Hospital has continued in a satisfactory manner. Seven new cases were referred for after-care from the Hospital and three cases from other sources.

Nearly one thousand domiciliary visits were made to 46 individual clients and their families during the year, and several clients were escorted to Out-Patient Clinics and the Day Hospital.

The number of admissions involving a Mental Welfare Officer during the year was as follows:-

	Section 29	Section 25	Section 26	Section 60	Informal	Total
Male	7	3	Nil	3	6	19
Female	13	5	Nil	-	6	24

Accommodation

One Canterbury resident was maintained at the K.C.C. Hostel at Dartford during the year. There is at present no provision of this kind in Canterbury.

Mental Subnormality

Three new cases were referred to the Local Authority and six cases were removed from the register. Thirteen cases received periods of temporary care at Leybourne Grange and Hill House Hospitals.

The total numbers under supervision on 31st December 1967 were 26 males and 18 females. Of these 13 males and 11 females attended the Training Centre.

Home visits by the Mental Welfare Officers totalled 318.

Guardianship

There are no cases under guardianship.



CLASSWORK AT THE TRAINING CENTRE

Canterbury Training Centre (Junior and Adult)

It is encouraging to note that the interest among members of the community toward the mentally handicapped continues to grow and expand.

We have a thriving scheme of students from the University befriending pupils and their families in the home situation. As a result of the Students' Rag Day and through the generosity of the local parents association, we have been presented with a 'Jungle Jim' and a set of swings at the Centre.

It was sad to say farewell to a number of pupils who have been transferred to the Ashford Centre. This was unavoidable owing to increase in numbers and transport difficulties but we look forward to their return when a new Centre for Adults comes into being.

Not only will the addition of another Centre afford more space to develop a teaching programme but an important fact is that the Adults will then have the dignity and respect they should have by separation from children in training.

When speaking at various meetings in the area I find that the lively interest that the audience shows, particularly at question time, demonstrates that people really do care.

In attendance at the Canterbury Training Centre at December 1967:-

	Under 16		Over 16		Total
	Male	Female	Male	Female	
Canterbury Cases	7	5	6	6	24
Kent Cases	6	4	3	5	18
	13	9	9	11	42

Section 47, National Assistance Act 1948

Two cases arose during the year in which it was necessary to contemplate or prepare for compulsory removal to a place of care. In each case an alternative procedure succeeded. One was a middle aged chronic sick case who accepted hospital admission after a joint domiciliary visit of geriatrician and medical officer of health. The problem is not completely resolved as the same resistance is presented towards transfer to a permanent unit more suited to the younger chronic sick case.

Accommodation for the elderly

The distribution of such accommodation between old persons bungalows or flats, wardened units, old persons homes, and almshouses is as follows:-

<u>Council Units</u>	<u>Wardened</u>	<u>Unwardened</u>	<u>Total</u>
Bungalows	66	72	138
Flats	166	44	210
Old Persons Homes	65	-	65
Almshouses	46	26	72
Registered Private O.P.H.	4	-	4
Total	347	142	487

This approximates to 8% of the population over 65 provided for in this way.

Physically Handicapped

There were 52 persons registered with the Welfare Officer as physically handicapped.

Blind and Partially Sighted Persons

Eighteen cases were notified on Form B.D.8 during the year.

Condition present	Cataract	Glaucoma	Myopia	Others	Total
No treatment recommended	1	-	1	8	10
Treatment needed	1+	1	-	6(1*) (1o) (1+)	8
Treated on follow-up	-	1	-	4(1*)	5

*Ophthalmic medical supervision only
+Died during year
o Treatment refused.

We observe our interest in the cases on the register by a periodic enquiry by home visit (Health Visitor) or through the Welfare Department Visitor to the Blind.

Meals on Wheels Service

The Women's Royal Voluntary Service provide this aid and during 1967 there were 7,488 meals distributed to the homes of those recommended by doctor, nurse or welfare officer.

Voluntary Organisations

The usual meeting was held between officers of the health and welfare services of the Council and representatives of voluntary organisations in the City. This seems to serve a need for exchange and understanding on general issues but does not attempt to provide the interchange on detail which is maintained on a case basis through proximity and accessibility.

A Citizens' Advice Bureau is now established in the City.

It is evidence of a healthy community spirit that arising from a meeting called by the Canterbury Council of Christian Congregations in 1965 there is now a Hostel for temporary shelter and also a Citizens' Advice Bureau, supported by the voluntary effort of church and non-church folk alike.

Nursing Homes and Nurses Agencies

There is one private Nursing Home (6 places) and one registered Nurses' Agency in the City.



Ambulance Service

The staff at the end of 1967 was 28 driver/attendants (18 rotating shift, 10 varying day shift), 1 control room officer and 1 Station Officer. Vehicle strength was 8 stretcher ambulances and 6 sitting case cars. The ambulance service is a combined City and County service for Canterbury and Bridge-Blean Rural District area. During emergency manning periods the station comes under the operational supervision of Thanet Control for inter-station co-operation, and at all times works closely with the surrounding County stations in meeting demands. The Deputy County Ambulance Officer who covers the eastern half of Kent County has his office in the Canterbury Station which emphasizes the good working relations between City and County in running the service.

The growth of outpatient transport during 1967 reached a new peak. This was partly due to the opening of Day Hospitals at St. Martin's and Nunnery Fields Hospitals.

USE MADE OF AMBULANCE SERVICE OVER FIVE YEARS TO 1967

	1963	1964	1965	1966	1967
Total patients carried	33,046	37,922	39,689	36,603	43,422
Outpatients	27,443	32,001	34,170	31,000	37,869
Admissions, Transfers Accidents, etc.	5,603	5,921	5,519	5,600	5,553
Mileage	159,235	169,209	174,633	174,110	181,947

Hospital Car Service

This voluntary service gives useful support in meeting long distance outpatient demands or hospital transfers. Patients: 197 Mileage 12,467. Average miles per patient: 63. On the statutory service the average miles per patient was 4.19 miles.

Vaccination and Immunisation

Vaccinations Against Smallpox, 1967

Against Smallpox	Under 3 Months	3 - 6 Months	6 - 9 Months	9 - 12 Months	1 - 4	5 - 15	Over 15	Total
Primary Vaccination	2	-	1	7	335	14	15	374
Re-Vaccination	-	-	-	1	7	24	35	67

Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, 1967

Completed Primary Course	Born in 1967	1966	1965	1964	1960-1963	Others under Age 16	Total
Diphtheria	178	213	21	7	40	8	467
Whooping Cough	174	207	16	3	9	1	410
Tetanus	178	213	21	7	40	32	491
Poliomyelitis	86	283	33	11	50	10	473

Reinforcing Doses	Born in 1967	1966	1965	1964	1960-1963	Others under Age 16	Total
Diphtheria	1	71	139	11	429	42	693
Whooping Cough	-	38	84	2	108	10	242
Tetanus	1	69	135	11	423	67	706
Poliomyelitis	-	11	16	7	402	27	463

These tables do not differentiate between those done by the family doctor and those done in local authority clinics. Both channels are working the same scheme.

B.C.G. Vaccination
(Section 28 N.H.S. Act; Prevention of Illness)

Protection against tuberculosis is provided under arrangements different from the Vaccination and Immunisation Scheme. The protection is provided for contacts through the Chest Clinic which service is concerned with the cases of tuberculosis. It fits in well with the investigation of contacts and social circumstances carried out by the specially appointed health visitor for each known case. Although only 3 new cases of pulmonary tuberculosis were notified in the year, vaccination protected 39 contacts which indicates how wide the net is cast.

The routine of B.C.G. vaccination at age 11 onwards is applied through the School Health Service but extends to all schools whether under the Local Education Authority or not. The scheme has been running since 1955 and has involved between 80% and 90% of those passing through and out of the 11 - 15 age group. There is now a cohort of the adult population who have a protective resistance to the development of tuberculosis if infection assails them. This is of much benefit to the public health as those in their teens and mid-twenties are mobile and not yet settled, with a way of life vulnerable to such infections by their many new contacts.

Contacts -

Skin Tested	36
Found Negative ..	36
B.C.G. Vaccinated..	30

Routine Protection -

	Number in 11/12 Age Group	Older Age Group	Total
Consents to test	470	76	546
Found Negative	418	68	486
Vaccinated B.C.G.	418	68	486
Positive (previous B.C.G.)	62	2	64

L.E.A. SCHOOLS - B.C.G. VACCINATION

Year	Appropriate School population	Test	No. Tested	% Possible	Test +ve	%	Test -ve	Vaccinated B.C.G.
1967	496	Heaf	445	95	27	6.0	418	418

+ 62 positive previous B.C.G.

Infectious Diseases Tables

Cases Notified during 1967

Disease	Age Group										Total	Quarterly Incidence				
	Age Un-known	Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25+		1st	2nd	3rd	4th	Total
Measles	-	7	20	32	37	23	56	1	2	-	178	147	26	4	1	178
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	6	5	6	8	21	3	-	-	49	2	1	20	26	49
Dysentery	-	-	-	-	1	1	2	-	-	3	7	-	1	6	-	7
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	1

The rise in whooping cough cases amongst school children will be noted. This may be due to the antigenic quality of vaccines used three or four years ago which may not have contained an adequate amount of antigen to the type of B. Pertussis now circulating. But we do not include a whooping cough element in the pre-school booster injection because of our local experience of reactions. This policy may need reconsideration if the incidence of whooping cough persists.

Other Infectious Diseases Notified

Disease	Age Group								Quarterly Incidence				
	Age Un-known	Under 5 years	5-14	15-44		45-64	65+	Total	1st	2nd	3rd	4th	Total
Acute Pneumonia	-	-	-	-		1	1	2	-	1	-	1	2
Acute Encephalitis (infective)	-	-	-	-		-	-	-	-	-	-	-	-
		Under 5 yrs.	5-14	15-24	25-44	45-64	65+	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory	-	-	-	1	1	1	-	3	-	2	-	1	3
Other forms	-	-	-	-	-	-	-	-	-	-	-	-	-

Tuberculosis

The T.B. register now stands at 120 persons - pulmonary 52 male, 54 female; non-pulmonary 8 male, 6 female. In the 1963 Annual Report we gave 25 years' incidence of pulmonary tuberculosis notifications. The notifications for the last 5 years were:

		<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
Tuberculosis:	Pulmonary	5	10	5	5	3
	Non-Pulmonary	2	1	-	2	-

Food Poisoning

Only one adult case was notified. What is the risk and how important is our supervision of food handling and food hygiene? Are we altogether too fussy?

Consider these figures. In our resident population of 33,000 persons there are 9,270 persons catered for in 18 kitchens in educational establishments from primary to higher educational level, serving groups ranging from 250 to 750 in number. If faulty hygiene or unfit food results in risk to any one group the occurrence of food poisoning would be dramatic, but also hazardous to the individuals and inconvenient to the establishment concerned. As you reduce the sources of supply in catering you increase the need for high standards in food hygiene and handling.

The figures given do not cover commercial catering, or hospital catering.

In recent years local cases of food poisoning have been of household origin. Is this the last stronghold of carelessness? I offer no answer. But the figures above show clearly enough the reason why the public health inspectors' continuous supervision of food hygiene and clean food handling and production is an essential watch and guard.

Laboratory Services

Public Health Laboratory - Preston Hall, Aylesford, Maidstone.

Public Analytical Laboratory - South Eastern Laboratory,
1 New Dover Road, Canterbury.

Pathological Laboratory Service - Kent and Canterbury Hospital,
Laboratory and Preston Hall, Aylesford, Maidstone.

Venereal Disease

Complacency is not justified by the figures available to me. Cases of Gonorrhoea occur with a persistence that implies a continuing circulation of infection. I am informed that the increase in cases, although only slight, is in the younger age groups but not from any special social or economic group. The increase in teenage promiscuity is reflected in this shift of infection to the younger age groups. A number of infections arise after holidays abroad, and in general while the incidence of cases has fallen during the 1960's in the large cities, there has been a general increase in the provinces. The Canterbury area has featured in this increase in the 1960's in the number of new cases of Gonorrhoea. Although 1967 showed no increase over 1966 the figure still represents one-third of the new cases in East Kent.

Clinic times: Canterbury (Kent and Canterbury Hospital)

Male - Tuesday, 3 - 4 p.m.

Female - Tuesday, 2 - 3 p.m.

Dover (Buckland Hospital)

Male - Tuesday, 9.30 a.m.

" - Thursday, 9.30 a.m.

Margate (General Hospital)

Male - Friday, 11 a.m. - 12 noon

Female - Friday, 10 - 11 a.m.

Sewers and Sewage Disposal
the present situation).

(The City Engineer has kindly provided the following note on

"Main Drainage

"Main drainage is available to all but 111 properties in the City, and in addition, drainage is taken into the City sewers from the parishes of Harbledown, Blean, Hackington and Thanington Without, in Bridge-Blean Rural District.

"It is the City Council's policy that drainage should be on the entirely separate system, but there are still appreciable areas of the City where older properties are drained on the combined system. If and when redevelopment of these areas takes place, it is intended that separate foul and surface water drainage should be provided wherever practicable.

"The sewage disposal works at Sturry Road is seriously overloaded and much of the equipment is near the end of its useful life.

"New treatment works designed to deal with a population of 40,000 are expected to be brought into commission during the autumn of 1968.

"The new works will incorporate comminutors, settlement tanks and Activated Sludge treatment. The resulting sludge will be treated by the continuous Porteous process, but no sludge digestion is proposed.

"Very few new main sewers have been laid in Canterbury since the War, but the continuing development is now making it imperative that fairly extensive supplementary sewers should be provided as quickly as possible. This applies to both foul and surface water, and schemes have been submitted to the Ministry of Housing and Local Government for main sewers extending upwards from the sewage works in Sturry Road towards the centre of the City and continuing in a southerly direction as far as Nackington Road. Further sewerage schemes will have to be undertaken to supplement sewers in the Wincheap area and also in the northern part of the City."

REPORT ON THE ENVIRONMENTAL HEALTH AND FOOD INSPECTION SERVICE IN 1967

Public Health Department,

Canterbury.

Mr. Mayor, Ladies and Gentlemen,

The report in the main follows the pattern of previous years but with a reduction of narrative in parts to avoid repetition.

It is with regret that I report no substantial increase in the number of improvement grants approved. The Inspector's work touches on many aspects of public health, but it is in the preservation and improvement of structurally sound houses that probably the best use of the public health inspector's time can be made today. Apart from the benefits and comfort to be obtained from living in a modernized house brought up to a good standard of repair, it is essential that the sound but old-fashioned obsolete houses, sometimes neglected as regards repair, should not be allowed to deteriorate into the unfit houses of the future. They have provided a valuable source of accommodation for some seventy-five years and with proper modernization could provide much appreciated accommodation, in many cases until the year 2000.

As in previous years most of the applications for improvement grants came from owner/occupiers, but even so, it is still difficult to understand why it is that many more owner/occupiers have not taken up the generous grants which are available, and particularly so when a loan can be obtained if required, for the remaining part of the cost.

For the first ten months of the year the Department was one Inspector below establishment.

I should like to record my indebtedness to the Chairman and Members of the Markets and Licensing Committee and the Housing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

T. L. MARTIN,

Chief Public Health Inspector

General Statistics

Complaints received and investigated 458

	Houses	Food Premises	Offices and Shops	Factories
Number of visits	2,259	1,546	512	7
Defects remedied	211	136	84	1
Informal Notices sent	53	38	79	-
Formal Notices sent	11	-	-	-

Prosecution:-

For selling mouldy gooseberry pies. Fined £25.

Warnings:-

For selling strawberry jam containing raffia or coarse grass.

For selling a tin of corned beef containing a bolt and spring washer.

For selling a food colour; sugar decorations and meringue animals which contained Blue V.R.S., a prohibited colour.

Eleven in respect of food colours used in catering establishments and found to contain a prohibited colour, Blue V.R.S.

For selling a low sugar food (tinned cherries) which contained a colour which was not declared.

Housing Acts

Number of new houses/units erected in 1967

(1) By the Council	...	...	...	...	...	...	...	...	40
(2) By private enterprise	...	...	...	...	...	...	...	...	54
									94
Houses demolished	...	...	...	...	...	...	...	...	76
									18
									Net increase

Number of houses in respect of which:

(a) Demolition orders were made	...	...	...	...	...	...	...	...	-
(b) Closing orders were made	...	...	...	...	...	...	...	...	9
(c) Undertakings not to use for human habitation were accepted	...	...	...	...	...	...	...	...	-
(d) Closing orders were determined after houses had been made fit	...	...	...	...	...	...	...	...	7
Houses repaired as a result of informal action	...	...	...	...	...	...	...	...	67
Houses repaired after the service of Statutory Notice under Public Health Act	...	...	...	...	...	...	...	...	4
Houses repaired after service of formal notice under Housing Act	...	...	...	...	...	...	...	...	1
(a) by owners	...	...	...	...	...	...	...	...	-
(b) by Council in default of owner	...	...	...	...	...	...	...	...	-

No case of overcrowding came to light during the year.

There are no common lodging houses in the City.

Improvement Grants

The applications for Discretionary Improvement Grants are investigated and the houses inspected to ascertain state of repair. Eleven houses were inspected and in all the cases the owners were asked to carry out repairs.

Eighty-six applications for Standard Grants were received during the year.

The Standard Grant scheme is administered by this Department and the authority given by the Council for me to approve grants where the statutory conditions are fulfilled has reduced the time between application and approval to a minimum. Approval is usually given within a fortnight.

Twenty-four of the 86 applications for standard grants were in respect of rented houses. This is a smaller proportion than last year.

In 1964, 539 houses built mainly in the 1870 - 1900 period in a compact area were inspected and the position was:-

Owner occupied houses

With standard amenities	...	...	295
Without standard amenities	...	...	69

Rented houses

With standard amenities	...	...	58
Without standard amenities	...	...	117

At the time the opportunity was taken to explain the Improvement Grant scheme to occupiers of houses lacking amenities and owners of rented houses were written to and invited to modernize their houses. During 1965 and 1966 the occupiers of rented houses lacking amenities were re-visited and 49 tenants said that they were willing to pay more rent for improvements, but only eight of the 49 were prepared to make a written representation to the Council for improvements to be enforced. At the time of the survey there were 353 houses with modern amenities. Thirteen houses were improved in 1966, and 23 in 1967, making a total of 389. Improvements were proceeding at nine houses at the end of the year and it is suspected that future improvement of houses in this particular area will depend upon properties changing hands for owner occupation, unless compulsory powers are used.

Fourteen written applications from tenants for the Council to enforce modernization of the houses were received during the year. Four of the owners applied for grants; nine Immediate Improvement notices were served and one owner served a purchase notice for the Council to purchase his house.

Unfit Housing Programme

The first list of unfit houses prepared in 1955 contained 622 houses and the second list accepted by the Council in 1964 contained 149 houses, a total of 771. Six hundred and sixty-four had been dealt with formally by the end of 1967 and 516 had been included in clearance areas.

Of the houses on which closing orders were placed in the 1955-1967 period, 67 have been modernized and re-occupied. Most of these have been improved well beyond minimum standards and at the end of the year the restoration had commenced, or was about to commence, on a further twelve. Seven former houses are now used for business purposes and the sites of 27 houses demolished have been built on.

Seventy properties remain on the lists of unfit houses and nine are vacant. Most of the remaining 61 occupied houses will be dealt with under closing order procedure. Consequently not all will be demolished as it is probable that many of them will be restored and equipped with modern amenities to provide good housing accommodation.

No clearance areas were represented in 1967.

The decision of the Minister on the public inquiry held in 1966 involving 53 houses in respect of which fifteen appeals had been lodged was received in 1967. Appeals were allowed in two cases, that is, it was decided that although suffering from some defects, the houses were not so far defective as to be not reasonably suitable for occupation.

In the thirteen year period 1955-1967, 1,371 persons have been rehoused by the Council from houses dealt with under the Housing Acts.

Rent Act, 1957

No applications for Certificates of Disrepair were received in 1967 and the position is as follows:-

No. of applications for certificates	...	...	...	...	140
No. of decisions not to issue certificate	...	...	...	...	1
No. of decisions to issue certificates	...	...	...	...	139
(a) in respect of some but not all defects	...	...	...	...	103
(b) in respect of all defects	...	...	...	...	36
No. of undertakings given by landlords	...	...	...	...	40
No. of undertakings refused by local authority	...	...	...	...	-
No. of disrepair certificates issued	...	...	...	...	90
No. of applications by landlords to local authority for cancellation of certificates	...	...	...	...	47
Objections by tenants to cancellation of certificates	...	...	...	...	16
Decision by local authority to cancel in spite of tenant's objections	...	...	...	...	-
Certificates cancelled by local authority	...	...	...	...	34
No. of certificates invalid owing to tenant leaving or house demolished	...	...	...	...	51
No. of certificates in operation at end of year	...	...	...	...	5

Water Supply

Every house in the area has a piped supply of town's water inside the house.

The Canterbury and District Water Company own the water undertaking and the mains provide a very satisfactory supply both as regards quality and quantity. In previous reports reference has been made to a service pipe laid some fifty years ago to supply an army camp existing at that time and which has been used since by 22 houses. Over the years the service pipe has yielded a diminishing quantity of water and during periods of peak demand the supply is insufficient to the houses farthest from the main. During the year the Council considered the inadequate supply to these houses and undertook to make good to the Water Company annually over a period of up to twelve years in accordance with Section 36 of the Water Act 1945, the difference between the income received by the Company for water supplied from the main and 12½% of the cost of the main, estimated to be £6,817.

The Company carry out bacteriological tests three times weekly of the raw water and an independent analyst carries out bacteriological tests monthly and chemical analysis quarterly. All the samples were satisfactory.

There is close co-operation between the Water Company and the Public Health Department and anything unusual revealed by the Company's sampling would be disclosed.

The public supply is collected from deep wells in the chalk and it receives a minimal dose of chlorine, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

The total hardness is 290 parts per million of which 248 is temporary (i.e. deposited on boiling).

There is no plumbo solvent action in the town's water and the fluorides are insignificant.

Twenty samples of water from various properties in the City were submitted by the Department for bacteriological examination, five were found to be unsatisfactory and these were from recently constructed buildings. It was suspected that the disinfection of the storage system and pipes etc. after installation had not proved effective and after re-disinfection, the samples were normal. Four bacteriological samples of water from swimming pools were taken and one was found to be unsatisfactory. An examination of the chlorination plant showed an adjustment to be necessary and subsequent samples were in order. Five of the eleven samples for bacteriological

examination from the Westgate Gardens Paddling Pool were found to be unsatisfactory. This was due to the Pool, which uses town's water, having been flooded from a ditch during heavy rain. It was necessary to empty and re-fill the Pool, and after adjustments to the chlorination plant, satisfactory results were obtained.

Seven samples of town's water were submitted for chemical examination, four of which were satisfactory. The other three were submitted in connection with complaints regarding a sand-like deposit in the water. In all three cases the deposits were found to be substantially chalk with some iron and a trace of copper. These deposits appear to occur when the water pipes consist of two different metals, for example galvanised iron and copper.

The Department's own apparatus for testing swimming pool water was used extensively during the year to ensure that water in school swimming pools had been correctly treated.

Food Supplies

Mr. J. H. E. Marshall, M.A., F.R.I.C., was our Public Analyst throughout the year.

Twenty-five formal samples and 92 informal samples were submitted for chemical analysis:-

<u>Article</u>	<u>No. of samples</u>	
	<u>Formal</u>	<u>Informal</u>
Milk	11	4
Channel Island Milk	4	-
Butter	4	-
Cheese	-	9
Pork sausages	1	3
Beef sausages	-	2
Mineral waters	-	8
Ice cream	-	4
Lettuces	-	3
Mushrooms	-	3
Sweets	-	5
Orange drink	-	2
Minced beef	-	4
Food colours	-	25
Dried fruit	3	1
Low sugar foods	-	4

and one each of the following:- cultured buttermilk, pea nut kernels, sausage savouries, chicken noodles, blancmange powder, dairy ice cream, double Devon cream, meringue animals, almond marzipan, sugar decorations, cherry dumpling, piccalilli, grape juice, instant breakfast, skimmed milk, potato powder, and beef and vegetable soup.

All except fifteen were satisfactory. Twelve of these were food colours; the sugar decorations and the meringue animals all of which contained Blue V.R.S., a colour prohibited under the Colouring Matter in Food Regulations 1966 which came into operation in June 1967. Warnings were given in each case and the substances were withdrawn from sale immediately. One of the low sugar foods (tinned cherries) contained a colour which was not declared. The canner's attention was called to this omission.

Four of the samples of milk submitted for the usual chemical analysis were also checked for the presence of antibiotics and none was found.

The average composition of the samples of milk was:-

	<u>Fat</u>	<u>Solids</u> <u>Not Fat</u>
Milk (other than Channel Island Milk)	3.79%	8.71%
Channel Island Milk	4.62%	9.08%

						<u>Fat</u>	<u>Solids</u> <u>Not Fat</u>
The minimum standards are:-							
Milk	...	...	...	...	...	3.0%	8.5%
Channel Island Milk	...	...	...	...	...	4.0%	8.5%

Public Health (Preservatives in Food) Regulations

All the samples in the preceding table were examined for preservatives and no irregularity was discovered.

Liquid Egg (Pasteurisation) Regulations 1963 etc.

There are no egg pasteurisation plants in the City and no samples of liquid egg were obtained in 1967 for the Alpha-Amylase test.

One sample of accelerated freeze dried powdered egg was submitted to bacteriological examination and no salmonella organisms were found.

Food Hygiene

Type of Premises	No.	No. of premises fitted with wash hand basins to comply with Regulation 16 of Food Hygiene Regulations	No. of premises to which Regulation 19 of Food Hygiene Regulations apply	No. of premises fitted with sinks to comply with Regulation 19	Inspections
Schools and Works' Canteens	46	46	46	46)	471
Restaurants and Hotels	76	76	76	76)	
Clubs	9	9	9	9)	
Butchers	27	27	27	27	177
Bakers and Confectioners	17	17	4	4	80
Grocers	68	68	68	68	371
Fried Frish Shops	5	5	5	5	12
Wet Fish Shops	6	6	6	6	26
Sweet Shops ..	38	38	2	2	63
Licensed Premises	80	80	80	80	79
Greengrocers ..	20	20	-	-	151
Dairies	1	1	1	1	40
Other Food Premises ..	4	4	4	4	70

Number of registered premises:-

Dairies	...	...	...	...	...	1
Premises from which bottled milk is sold	...					55
For the manufacture of ice cream	...	...				3
For the sale and storage of ice cream	...	...				97
For the preparation of sausages or processed food						40

There were the usual number of complaints regarding irregularities in food purchased by members of the public. There was some evidence to suggest that at least in some of the cases regarding insect infestation in food the infestation might have occurred in the complainant's own home without the complainant being aware that there was some infestation in his house. In one case where the infestation was almost certainly in the manufacturer's own premises, the firm concerned, who did employ a specialist firm for controlling insects, took immediate action to ensure that the specialist firm concerned carried out its duties more efficiently.

In two cases concerning black marks in bread and biscuits the cause was found to be charred pastry due to over-cooking.

One rather interesting case was a complaint concerning 'a piece of sausage' in a jar of mincemeat. The Public Analyst reported that the 'piece of sausage' was in fact a compacted mass of suet, a normal ingredient of mincemeat. The mixing of the ingredients had not been properly carried out.

An unusual complaint concerned pieces of plastic resembling grains of rice, but approximately half the size, in a packet of long grain rice. Owing to certain difficulties which arose during the investigation it was decided to issue a warning to the vendor.

Two cases concerning foreign bodies in food where prosecutions had been authorised had to be abandoned because persons ultimately declined to be witnesses.

It was necessary to prosecute one firm during the year for the sale of gooseberry pies in a mouldy condition. The firm was fined £25. Two warning letters were issued, one in connection with the sale of a jar of strawberry jam containing a piece of raffia or coarse grass and the other in connection with a bolt with spring washer found in an imported tin of corned beef.

The tendency in post-war years towards communal feeding is particularly noticeable in Canterbury where we have large residential educational establishments. This means that many people are at risk so far as food poisoning is concerned and the importance of good food hygiene practice in such establishments cannot be over-emphasised. Fortunately the Department enjoys excellent relations with the staffs of the establishments concerned and no opportunity is lost to discuss the maintenance and improvement of matters relating to food hygiene. By mutual agreement it has been possible to arrange for the examination of stool specimens for pathogenic organisms from the kitchen staff of most of the establishments. Up to the present these have fortunately all proved to be negative.

During the course of the year a new technique for testing the cleanliness of articles such as plates, cups, knives of food slicing machines and preparation surfaces was introduced. The process is usually known as the 'agar sausage' technique and consists basically of an agar-filled plastic casing resembling a sausage. The cut end of the agar is pressed firmly on to the surface to be tested, a slice 4 - 6 mm. thick is cut off with a sterilized knife and transferred to a Petri dish and then incubated at 37°C. for 24 hours. The bacteriological flora of the surface under test can then be determined by an examination of the colonies growing on the agar. If the number of bacterial colonies is excessive this indicates that the cleaning methods are not up to standard and advice can be given as to ways of improving cleaning methods. The great advantage of this technique is that food handlers can be shown results of a testing the next day and can see the bacterial colonies for themselves.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 came into force during the year. The City Council considered these Regulations and their application to the General Market and decided that a new sanitary block consisting of W.C.s, sinks, wash hand basins together with a supply of hot water should be erected at the Market for the use of food stall holders. At the end of the year plans had been prepared and it is expected that the sanitary block will be erected during the first half of 1968. It was also possible to effect improvements to the stalls selling foodstuffs, special covers for food and vegetable stalls were provided

improvements were carried out to vehicles selling meat and all sweets sold at the Market are now wrapped.

So far as delivery vehicles were concerned the main provisions of the Regulations applied only to vehicles selling food from door to door. This necessitated Inspectors examining the vehicles to ensure that the Regulations were complied with. By the end of the year regular vehicles trading in the City were for the most part complying with the Regulations.

Bacteriological Sampling of Cooked Meats

The sampling of cooked meats for bacteriological examination which was started in 1966 was continued during the year with a total of 47 samples being submitted for examination. Of this total, eighteen were considered to be unsatisfactory either because of exceptionally high total counts of bacteria, or because of the presence of E Coli organisms in 0.1 gramme. Although the percentage of unsatisfactory samples was high it should be mentioned that, with the exception of one firm's products, repeat samples showed improvement.

Twenty of the samples were taken as they would have been sold to the public in order to check on the handling and in some cases processing on the premises. Five of these samples were considered to be unsatisfactory and advice was given to the shop staffs concerned on the correct handling, storage and, in one case, processing of cooked meats. The most common fault is thought to be failure to keep slicing machine blades in a clean condition.

In view of the poor results obtained in 1966 with various samples from one large manufacturer delivering to shops in the City, it was decided to sample similar products from other manufacturers. Most of the cooked meats sampled were packed in polythene wrappers which is now a fairly common practice. The samples were taken shortly after delivery to shops in the City, the packs were opened by the Sampling Officer and a slice of the meat taken with sterile equipment. A total of 27 samples from six different manufacturers were taken in this way and thirteen were found to be unsatisfactory. Seven of the unsatisfactory samples were, however, from the manufacturer with whom trouble had been experienced in 1966. Because of this firm's poor record and lack of any real improvement the matter was taken up with the Ministry of Health as well as with the local authority for the area where the factory was situated, and towards the end of the year discussions took place with Ministry officials after they had visited the factory. The remaining unsatisfactory samples came from two manufacturers, and after discussions with the manufacturers, follow-up samples produced satisfactory results.

Poultry

There are no poultry processing establishments in the City.

Milk

There are four milk retailers in the City and 54 general shops are registered for the sale of pre-packed sterilised, pasteurised, and/or ultra heat treated milk.

All the milk sold by retail, with the exception of a few pints of untreated farm bottled milk sold by a producer-retailer, is either pasteurised or sterilized. The untreated milk comes from an adjoining district, and, as the authority concerned carries out biological sampling, it is not considered necessary for the Canterbury authority to carry out any testing for the presence of tubercle bacilli and Brucella abortus.

One firm using a H. T. S. T. plant is licensed by the City Council to pasteurise milk. Fifty-two samples of bottled milk were obtained to check (a) the pasteurising process (phosphatase test) and (b) the keeping quality at the point of delivery to the retailer (methylene blue test). All the tests were satisfactory.

Unfortunately not such a satisfactory state of affairs exists when the milk is sold loose from dispensing machines in cafes etc. Six out of eleven samples failed the keeping quality test and an investigation indicated that faulty sterilization of the milk container was responsible.

Seven cartons of milk from slot machines were checked for keeping quality and all were satisfactory.

The testing of farm milk before delivery to the distributor for the presence of antibiotics was continued and four samples were obtained. No antibiotics were found.

Milk in Schools Scheme

All the milk sent to schools under the control of the Education Committee has been pasteurised and the samples obtained satisfied the tests.

Milk (Special Designation) Regulations

The following licences granted by the City Council were in operation at the end of the year:

To pasteurise milk	...	...	...	...	...	1
To sell pre-packed pasteurised/sterilized and/or ultra heat treated milk	...	...	...	...	...	54

Inspection of Food

Meat from the Council owned Abattoir is distributed over most of Kent and into adjoining counties.

No slaughtering took place on Sundays, but there is no restriction on hours of slaughter on other days of the week.

It will be noted from the following summary that there has been a reduction in the number of calves, sheep and pigs slaughtered, but a small increase in cattle including cows.

	Cattle Excluding Cows	Cows	Calves	Sheep	Pigs
Number killed	8,143	700	1,148	20,756	19,664
Number inspected	8,143	700	1,148	20,756	19,664
Figures for 1966	7,531	1,113	1,232	22,075	21,375
Figures for 1965	7,076	1,125	1,309	20,333	22,534
All diseases except T.B. and Cysticercus Bovis Whole carcasses condemned	3	5	16	72	35
Carcasses of which some part or organ was con- demned	3,839	382	29	2,512	4,794
Percentage of the number inspected affected with diseases other than T.B. or Cysticercus Bovis ...	47.18	55.29	3.92	12.45	24.55
Tuberculosis only Whole carcasses condemned	-	-	-	-	2
Carcasses of which some part or organ was con- demned	3	-	-	-	465
Percentage of the number affected with T.B.	.04	-	-	-	2.37
Cysticercus Bovis Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	10	-	-	-	-
Percentage of the number inspected affected with Cysticercus Bovis ...	.12	-	-	-	-

Carcases found to be Unfit

B = Bovines

C = Calves

S = Sheep

P = Pigs

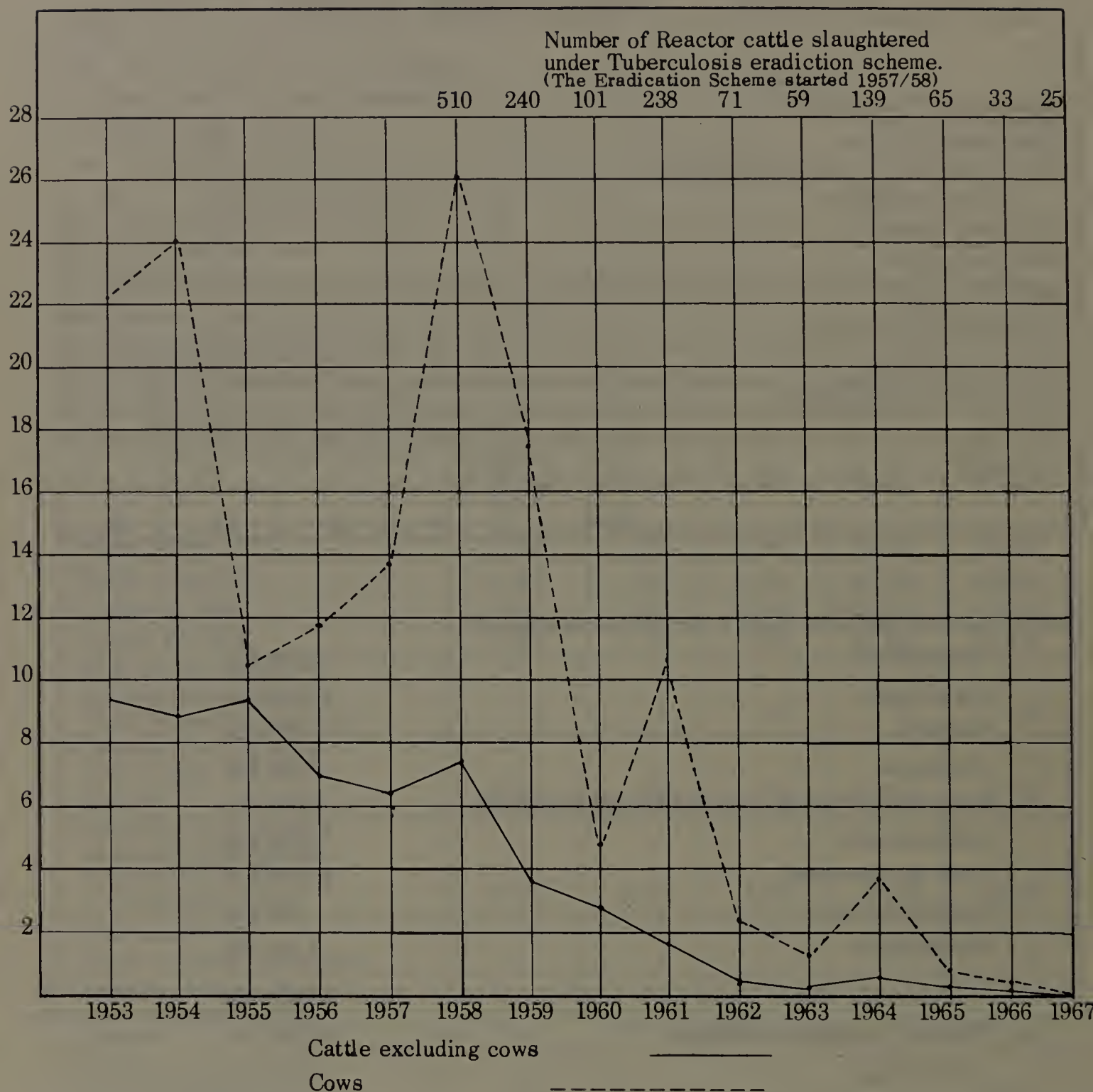
	B	C	S	P
Generalised Tuberculosis	-	-	-	2
Septicaemia/Pyaemia	-	8	3	16
Septic Pneumonia/Pleurisy/Peritonitis/ Pericarditis/Metritis	1	6	8	6
Pregnancy Toxaemia	-	-	1	-
Multiple Tumours	-	-	2	-
Swine Erysipelas	-	-	-	1
Emaciation and Oedema	4	-	39	8
Extensive Bruising	2	-	3	-
Injuries with complications	-	-	10	1
Moribund	1	2	5	1
Immaturity	-	-	1	-
Total	8	16	72	35

Parts of carcasses and offal found to be unfit on account of:-

Tuberculosis	5,686 lbs.
Fascioliasis	49,078 lbs.
Cirrhosis	471 lbs.
Abscesses	7,183 lbs.
Pneumonia, Pleurisy, Pericarditis and Peritonitis ...	3,662 lbs.
Actinomycosis	1,750 lbs.
Cysts and parasites	10,473 lbs.
Cysticercus Bovis	580 lbs.
Miscellaneous	7,524 lbs.
	<hr/>
	86,407 lbs.
Weight of carcasses condemned	10,264 lbs.
Total weight	96,671 lbs.

During the year, 25 cattle which had reacted to the tuberculin test carried out by Ministry veterinary surgeons were sent for slaughter. The three cattle mentioned in the table above of which some part or organ was condemned on account of tuberculosis were all reactor cattle, so for the first time no normal entry cattle were found to be affected with tuberculosis, which must be classed as a major achievement particularly when, as recently as 1956, no fewer than 352 normal entry cattle out of a total of 4,868 were found to be affected by tuberculosis.

PERCENTAGE OF CATTLE AFFECTED WITH TUBERCULOSIS



For the first time for several years it was necessary to condemn two whole pig carcasses on account of generalised tuberculosis. As this was unusual, the Animal Health Division of the Ministry of Agriculture, Fisheries and Food was informed, and lymphatic glands from the affected carcasses were sent to the Ministry's laboratory at Weybridge for typing. This investigation showed that the tuberculosis was of the Avian type which normally affects poultry.

The number of cattle of which some part or organ was condemned is still distressingly high, the main cause of condemnation being fascioliasis in livers - "flukey livers". It is interesting to learn that one of the commercial organisations connected with animal diseases is at present carrying out research into the problem and the meat inspectors at the Abattoir are co-operating in

this investigation.

During the year the Slaughter Houses (Hygiene) (Amendment) Regulations 1966 came into force. From a hygiene point of view the most important decision is that wiping cloths for use on carcasses are now prohibited. Wiping cloths were almost impossible to keep in a clean condition and the alternative method of washing down carcasses with jets of mains water is much to be preferred.

A detailed examination of every bovine carcase was made to discover the presence of cysticercus bovis which is the larva state of the tape worm taenia saginata found in man. The latest instructions from the Ministry of Agriculture, Fisheries and Food have suggested to local authorities that if only one non-viable cyst is found in an animal the whole carcase need not be subjected to the refrigeration treatment, but only the infected organ or part condemned. Those cases mentioned in the table below therefore apply only to animals where viable cysts were found and the carcasses were refrigerated for the stipulated period.

	Cows	Heifers	Steers	Bulls
Site of Lesion:				
External Masseter	-	-	6	-
Internal Masseter	-	-	1	-
Heart	-	-	-	-
External and Internal Masseter ...	-	-	1	-
Heart and Diaphragm	-	1	-	-
Heart and External Masseter ...	-	-	1	-



The Department collaborated with the Public Health Laboratory Service in an investigation into the presence of salmonella in animals slaughtered. No salmonella organisms were found in sewer 'swabs' placed in the abattoir drains when calves, pigs, sheep and bovines were slaughtered over a period of 37 weeks.

The unsound meat from the Abattoir, with the exception of pork which is converted into fertilizer, is sold to a pig-keeper.

The meat and other foods found to be unsound on inspection in food shops amounted to 9,810 lbs., made up as follows:-

Meat	2,336 lbs.
Canned Meat	913 lbs.
Fish	30 lbs.
Canned Fish	45 lbs.
Other foods	6,486 lbs.

Ice Cream

Forty-five samples of ice cream were subjected to the Methylene Blue test during the year. Of these samples 36 were Grade I, six were Grade II, and three were Grade III. None was Grade IV.

Fourteen of the samples were from the three local manufacturers, and of these, thirteen were Grade I and one was Grade II.

All the Grade III samples were found to be due to faults in cleaning and sterilising equipment and after advice had been given better results were obtained.

	1967	1966	1965	1964
Grade I	36	43	44	38
Grade II	6	2	4	6
Grade III	3	2	-	13
Grade IV	-	2	4	8

Public Houses

All the 80 public houses have proper glass washing facilities. One house remains to be modernized as regards sanitary fittings and it is planned to carry this out in 1968. Defects of a minor nature were noted in eight premises and the brewers were notified.

Health Education

Although no special courses were arranged for food handlers during the year the Inspectors lost no opportunity while making routine visits to food premises to stress the important points of food hygiene. Several talks on food hygiene were given to classes at the Technical College.

Eight thousand copies of the Ministry of Health pamphlets on food "10 point codes for house wives" and "10 point codes for food trade workers" were distributed to houses in the City and there is evidence that the pamphlets were well received.

Offices, Shops and Railway Premises Act 1963

Inspections under the Act continued during the year, 286 general inspections being made together with 135 reinspections. Fifty-two new registrations were received on Form O.S.R.1, which after taking into account the premises deleted from the register when businesses closed down, or ceased to become within the scope of the Act, made a total of 632 registered premises. At the end of the year there were still 44 premises which had not received a general inspection, thirteen of these were, however, premises which had been registered since the initial registration period in 1964 and a further fourteen were food premises which, although they had not received a full inspection under the Act, had been regularly visited for many years in connection with food hygiene. On the 1st November the Public Health Inspectorate came up to full strength again after a period of nearly two years, and it is now hoped that progress on improvements will be

speeded up and that all new premises will be inspected as registrations are received. From information given on Form O.S.R.1 and from inspections carried out it was estimated that at the end of the year there were 5,808 persons working in registered premises, the majority being employed in offices and shops.

Reinspections showed that improvements continued to be made particularly in regard to heating, lighting, toilet and washing facilities and safety of flooring and staircases. No real problems in enforcement occurred and occupiers of premises generally carried out improvements promptly when requested to, and on no occasion was it found necessary to recommend the City Council to take legal proceedings. There were no applications made for exemption from any of the provisions of the Act.

Twenty accidents were reported during the year compared with 35 in 1966 and 32 in 1965. It was considered necessary to investigate ten of the accidents and in three cases recommendations were made in order to avoid further accidents occurring in the future. Although it is pleasing to note a drop in the number of accidents reported, it is doubtful whether this is a true figure and it is thought that many employers still do not realise that they have a legal obligation to report to the local authority on Form O.S.R.2 all accidents occurring on their premises which result in an employee being away from work for more than three days. It is interesting to note that fourteen of the accidents reported came from multiple firms and the other six came from local firms employing a large number of persons. It seems highly unlikely that accidents never occur in premises occupied by small local firms. 50% of the accidents involved persons falling and sustaining injury. In this respect the cause of accidents follows the same pattern as in previous years.

The majority of accidents continue to be of a minor nature, but it is thought that the following accident of a more serious and unusual nature might be of interest. The accident occurred in a lift at a large store and resulted in a sixteen year old boy sustaining broken bones in his right foot. Two young boys were travelling in the store lift when one of them turned and as he did so one of his feet, clad in shoes with rather pointed toes, protruded through the lift door which was constructed of lattice type metal strips. In the lift shaft at each floor level there was a metal projection on the shaft wall to narrow the gap between the lift floor and floor level and on one of these projections the boy caught his foot. On investigation it was noticed that one short section of the metal strip on the bottom of the door of the lift had become misplaced thus creating a larger gap at lift floor level than was normal and through which a foot might protrude slightly. The store manager's attention was directed to this and he promised to get in touch with the lift engineers immediately to get this put right.

Noise Abatement Act 1960

Complaints regarding nuisances from noise were few during the year. None was of a serious nature and in most cases private action rather than action under the Noise Abatement Act would have been more appropriate, but generally unofficial action brought some amelioration.

The campaign to persuade statutory undertakers and contractors to fit silencers to pneumatic drills continued and by the end of the year we were meeting with some success.



CONTINUOUS MEASUREMENT OF AIR POLLUTION

Clean Air Act 1956

The measurement of air pollution at our three stations continued satisfactorily throughout the year. It was possible during the year to convert the instrument in Stour Street from a daily one to a semi-automatic one which means that Stour Street in common with the ones at Northgate and London Road now has to be visited only once a week instead of daily as previously.

Attention has been given during the year to chimney heights when new installations have been proposed. The majority of the installations are in connection with oil burning appliances and there is no doubt that correct chimney heights are essential to ensure the proper dispersion of sulphur dioxide fumes.

The table below shows six monthly average readings for the winter and summer periods over two years. The readings are in microgrammes per cubic metre.

The figures illustrate the greater fall in smoke readings for the Northgate station as compared with the other two. This is considered to be due to the vacation and demolition of houses in the St. Radigund's area which were all coal-burning.

	Northgate		Stour Street		London Road	
	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide
Winter 1965/66	83	79	66	92	77	75
Winter 1966/67	59	69	54	95	60	73
Summer 1966	21	43	21	69	23	47
Summer 1967	16	42	19	74	21	48

Caravans

There are no licensed caravan sites in the City. It has been necessary from time to time to effect the removal of 'travellers' who have parked on unauthorised sites. This we have managed to do by gentle persuasion rather than force. It has been found that if prompt action is taken to effect removal it prevents other caravans parking on the sites that have no amenities at all and the consequent distressing accumulation of caravans and lorries that may arise.

Feral Pigeons

These birds are tame pigeons which have gone wild and their progeny, plus the native "blue rocks".

As in many other towns their numbers have increased in recent years and during daylight hours they congregate where people feed them. The most popular place in Canterbury is the Longmarket shopping precinct which has no vehicular traffic and consequently the pigeons walk about in hundreds fouling the pavement and making very slippery conditions which are a real hazard to the elderly and the infirm. There is also extensive fouling of the flat roofs over nearby shops and during the year more than 5 cwts. of droppings were removed from one block of shops.

Notwithstanding the number caught there has been a marked increase in the number of pigeons, particularly in the Longmarket, and until permission can be obtained to use narcotic bait, it would appear that a restriction on throwing down food is the only way in which insanitary conditions can be prevented and the best use made of this pleasant shopping precinct.

Diseases of Animals Acts

Seven licences granted by the Council under the Diseases of Animals (Waste Foods) Orders, 1957, for the boiling of waste food for feeding to pigs were in operation at the end of the year. The plant operators were visited and reminded to give strict compliance to the Order when foot and mouth disease occurred in another part of the country.

Slaughter of Animals Act, 1958

The Council issued thirteen slaughterman's licences during the year and three of the licences include the slaughter of horses.

The requirements of the Act which are designed to eliminate as far as possible cruelty to animals during slaughter are strictly complied with.

No Jewish or Mohammedan methods of slaughter are carried on in the City.

Fertilizers and Feeding Stuffs Act, 1926

Six samples of animal feeding stuffs were obtained for analysis by the Official Agricultural Chemist, and all were satisfactory.

Rodent Control

Complaints were received in connection with 316 premises, 206 in respect of private houses, 58 business premises, 41 local authority properties and eleven agricultural properties. During the investigations sixteen additional infestations were discovered.

Visits to houses	...	...	...	737
Visits to other premises	...	...	...	304
<u>Number of Premises cleared</u>				
<u>Rats</u>				
Houses	...	...	...	178
Business premises	...	...	...	47
Other premises	...	...	...	36
<u>Mice</u>				
Houses	...	...	...	10
Business premises	...	...	...	9
Other premises	...	...	...	13

One maintenance treatment of the sewers was carried out and it would appear that the number of rats in the sewers is still being kept to a very low level.

The number of rat complaints does not appear to grow any less but we should not be too discouraged about this. A fleeting appearance of one rat on somebody's lawn would lead to a complaint to this Department. This is a good sign and shows the awareness of the public to the problem. Another point to be borne in mind is that this activity of the Department is called rodent control, not rodent extermination, and control is what we are achieving. It is not yet economically possible to endeavour to rid the City completely of rats. Experiments are proceeding in another town in Kent in which the Infestation Division of the Ministry of Agriculture, Fisheries and Food is endeavouring to make the town rat-free. It is hoped that in due course the results of these experiments will be made known so that we may adopt any of the new methods that have proved successful.

Prescribed Particulars on the Administration of the Factories Act, 1961

(1) Inspections for purposes of provisions as to health

Premises (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	16	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	144	7	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	-	-	-
	164	7	-	-

(2) Cases in which defects were found

Particulars (1)	Number of cases in which defects were found				
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	Number of cases in which prose- cutions were instituted (6)
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature ...	-	-	-	-	-
Inadequate ventilation ...	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences:					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	1	-	1	-
(c) Not separate for sexes ...	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	2	1	-	1	-

Part VIII of the Act. Outworkers

Nature of work (1)	No. of out- workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecu- tions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Prose- cutions (7)
Wearing) Making apparel) etc.) Cleaning and Washing	10	-	-	-	-	-
Lace, lace curtains and nets	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER 1967

Mr. Chairman, Ladies and Gentlemen,

Nothing in the last year has suggested that we may dispense with the School Health Service.

Perhaps in ten or twenty years time when health centre practice, child health and development routine, assessment centre procedure and other evidences of the integration of the three health service groupings have really happened we shall find that the school health service has ceased to exist by absorption of its principles and benefits into the other developments; a consummation devoutly to be wished.

Amongst primary school entrants examination revealed that 6.3% were found to require treatment. Three per cent required treatment for defective vision and 5.6% required treatment for other conditions. These figures do not include those requiring dental treatment. The level of infestation was gratifyingly low being less than one in two hundred of the heads of hair checked. On the matter of infestation it is worth mentioning that the number of cases of adult infestation with lice; body and head lice; and fleas has increased in the last few years. This may arise from a disregard of personal hygiene associated with the more extreme forms of dress and behaviour in young adults. This means that teaching personal hygiene is still a necessary part of our health education in schools.

MALCOLM S. HARVEY

General Information

Number of Schools:	Primary 11	Secondary 5.
Number of Scholars on the Rolls at 31.3.68	Primary = 3,002	
	Secondary = 2,760	
	Total	<u>5,762</u>

(Simon Langton Schools' 1169 pupils come under the County School Health Service by an arrangement made between authorities in 1945 to counterbalance the number of County children in City Secondary Technical and modern Schools).

<u>Pupils examined by full routine:</u>	Primary 598
	Intermediate 257 (227 reviewed without examination)
	Leavers <u>636</u>
	Total <u>1,491</u>

Physical Condition of Pupils

While only six of the 1,491 pupils examined were considered to be unsatisfactory in physical condition, 85 required treatment, 52 of them for conditions other than visual defect. The percentage requiring treatment (other than vision) fell from 5.6% in entrants to 3.5% in middle school and 1.4% in leavers. The criteria for determining whether or not a child is physically unsatisfactory vary from doctor to doctor. It may give a clearer picture of the state of the school population to determine this point on physical development rather than condition.

Hearing

Audiometry is carried out on all 5 year old entrants.

165 additional special examinations were carried out and

24 were referred to the family doctor because of hearing defect.

4 children are using hearing aids in the ordinary school and

48 children are on the audiometry register for annual review.

Nose and Throat

The number of children who received operative treatment on tonsils and adenoids during the year was 32 and 3 for other conditions.

Assessment Panel (Partially Hearing)

This panel to consider problems of partially hearing children meets at Kent and Canterbury Hospital. It was established by the County Medical Officer of Health in 1965, bringing together the consultants, school medical officer, educational psychologist, teacher of the deaf, and speech therapist in free exchange of views to determine the child's needs. We are fortunate in being able to use this assessment procedure for Canterbury cases, and would like to see an extension to bring in the consideration of children with other defects involving other consultants and specialist disciplines. Three City cases were assessed or reviewed during the year and two were in the preliminary stages in preparation for assessment.

Speech Therapy

The Senior Speech Therapist, Miss Pollitt, has kindly provided the following details on Canterbury cases seen in 1967.

"Throughout 1967 Miss Mogford, Speech Therapist, and Miss Umpleby, Speech Therapist, have worked at the Canterbury Speech Therapy Clinic. Miss Umpleby also attended at the Speech Unit attached to Laleham Residential School for Delicate Children between January and Easter 1967 and she has held a clinic for adults at the Kent and Canterbury Hospital for one session per week throughout the year.

Thirty-two city children have been dealt with at the clinic during 1967. Of these, seventeen will continue to attend into 1968. The cases of fifteen children were closed during the year, the reason for closure being as follows:-

- Satisfactory progress	8
- treatment incomplete left district prior to completion of treatment	2
- found to have improved when first seen	3
- report improved prior to appointments being offered	2
	<u>15</u>

Twenty-two city children were on the waiting list at the end of 1967".

Artificial Sunlight

This is used only in winter and spring term and 270 treatments were given to 14 cases at 42 sessions.

Bed Wetting

Ten cases were loaned the warning bell system; 3 cured, 1 improved, 1 failed, 5 continue use.

School Milk

3,821 pupils take school milk.

Minor Ailments

A total of 2,809 clinic treatments were given during the year. The family doctors know that they can refer children for continuation of dressings etc. while in school attendance.

TABLE S.1.

Condition of Children on Routine Medical Inspection


Age Group	Number Medically Examined	Satisfactory	Unsatisfactory	% Unsatisfactory
Entrants	598	597	1	
Intermediates	257	253	4	
Leavers	636	635	1	
Total	1,491	1,485	6	0.5

TABLE S.2.

Defects found by Medical Inspection in the year ending 31st December, 1967.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	3	51	1	53
5	Eyes (a) Vision	49	293	132	503
	(b) Squint	3	24	1	12
	(c) Other	-	19	-	25
6	Ears (a) Hearing	3	80	12	123
	(b) Otitis Media	-	19	-	19
	(c) Other	-	9	-	1
7	Nose and Throat	8	32	-	29
8	Speech	7	18	-	13
9	Cervical Glands	-	8	-	5
10	Heart and Circulation	-	21	-	13
11	Lungs	3	26	-	38
12	Developmental -				
	(a) Hernia ...	2	4	-	4
	(b) Other ...	4	8	2	13
13	Orthopaedic -				
	(a) Posture ...	8	6	8	6
	(b) Flat foot ...	5	14	2	17
	(c) Other ...	-	18	1	21
14	Nervous System -				
	(a) Epilepsy ...	-	6	-	7
	(b) Other ...	-	23	-	23
15	Psychological -				
	(a) Development	4	14	4	7
	(b) Stability ...	6	36	6	37
16	Abdomen	1	9	-	9
17	Other	38	38	3	28
Total Number of Children Inspected		1,491		1,857	
Number of Children represented in figures above		716		1,029	

NOTE - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3.
MINOR AILMENTS TREATED
(excluding Uncleanliness shown in Table S.6)

	<i>No. of Defects Treated or under Treat- ment during the year</i>							
SKIN:								
Ringworm - Scalp:								
(1) X-ray Treatment	-
(2) Other treatment	-
Ringworm - Body	-
Scabies	-
Impetigo	4
Other skin diseases	346
EYE DISEASES	49
(External and other, but excluding errors, refractions, squint and cases admitted to hospital)								
EAR DEFECTS	25
(Treatment for serious diseases of the ear is not recorded here)								
Miscellaneous	394
								818
Total number of attendances at Authority's minor ailments clinics	2,809

TABLE S.4.
TREATMENT OF DEFECTIVE VISION AND SQUINT
(Excluding Minor Eye Defects treated as Minor Ailments)

Errors in Refraction and Squint dealt with	...	...	...	...	398
Other Defects or Diseases of the Eye	...	...	...	...	1
No. of Children for whom spectacles were known to be prescribed	...	...	...	...	110

TABLE S.5.
Defects which received operative treatment (through Education
Committee arrangements)

...	-
-----	-----	-----	-----	-----	-----	-----	---

TABLE S.6.
GENERAL HYGIENE

(1) Average number of visits per school made by School Nurses	...	45
(2) Home visits made as School Nurses	...	382
(3) No. of Individual Children found with nits	...	27
(4) No. of Individual Children cleansed under Section 54 of the Education Act, 1944	...	-
(5) No. of cases in which legal proceedings were taken	...	-
(6) Total individual examinations of pupils in school by School Nurse		16,989

Handicapped Pupils

Each mentally or physically handicapped pupil is discussed with the Vocational Guidance Officer in the pupil's thirteenth year. If there are special details in aptitude or difficulties these can be considered with the Vocational Guidance service in the locality of the special school where it is at a distance from Canterbury. Individual cases of physical handicap are discussed with the consultants concerned. So far the assessment panel procedure is limited to those with hearing and speech defects.

Handicapped Pupils

	On Register		Newly assessed as needing special education treatment	Newly Placed	Newly Placed (Assessed prior Jan. 1967)	Requiring Special Schools (a)Day (b)Boarding	Under 5 Requiring Special Schools	Reached 5 Parents refused Special Schools (a)Day (b)Boarding	On Registers Boarding Schools		
	Male	Fem.							Main-tained Schools	Non-Main-tained Schools	Independent Schools
Blind	-	-	-	-	-	-	-	-	-	-	-
Partially sighted ..	1	-	-	-	-	-	-	-	-	1	-
Deaf	2	-	-	-	-	-	-	-	-	1	-
Partially hearing ..	-	-	-	-	-	-	-	-	-	-	-
Physically Handicapped	4	4	-	-	1	-	-	-	1	2	-
Delicate ..	4	1	1	-	-	(b) 1	-	-	-	3	-
Maladjusted	5	3	4	1	-	(b) 3	-	-	-	3	-
E.S.N. ..	28	24	4	-	3	(a)15 (b) 1	-	(b) 4	9	10	-
Epileptic ..	-	-	-	-	-	-	-	-	-	-	-
Speech Defects ..	-	-	-	-	-	-	-	-	-	-	-

REPORT OF THE PRINCIPAL DENTAL OFFICER 1967

1967 has seen great advances in the Public Dental Services of Canterbury. The most notable has been the complete re-equipping of the St. John's Place surgery with some of the most modern equipment available thus enabling the Dental Officer to practise dentistry according to the latest concepts. The obsolete equipment at the Central Clinic has been replaced by the more conventional but nevertheless perfectly functional equipment transferred from the St. John's Place surgery.

Because of this re-equipping and the good work done by the dental staff the demand on the Service has shown a 20% increase in the past 2 years. This, however, has brought its difficulties, in that the separation of the two surgeries in an area the size of Canterbury presents its administrative problems and the staffing position, as at present constituted, gives cause for anxiety.

Because of its relatively small size, the Service has been operating by relying heavily on part-time Dental Officers. In the past, these have been forthcoming in varying degrees and have put in good work, but because of the increased demand on the Service this system is no longer workable as it is impossible to plan treatment and inspection sessions ahead with any confidence when it is not known from month to month how many Dental Officers are available. The present staff has now been reduced to the Principal Dental Officer and one Part-Time Dental Officer working one session/week, and with no prospect of recruiting any further part-time assistance in the foreseeable future. It is now proposed to ask the Council to raise the establishment so that the part-time system can be abandoned and a second full-time Dental Officer be appointed. May I thank the part-time Officers who gave us their assistance during 1967. Firstly Mr. Cogan who is still with us, Mr. Atkins who left us in October after working for us for 1 year, and Mr. MacGregor who was with us from June-October.

(a) SCHOOL DENTAL SERVICE

The School Dental service has shown rapid strides in the past year, with the dominance of conservative dentistry being more in evidence than ever before.

All the schools were inspected, and the number of children accepting treatment has risen by over 400 so that now 33% of the total school population attend the City Clinics regularly.

The dental health of the children in Canterbury has shown a marked improvement but the increase noted during the year of children with rampant caries in deciduous teeth, thus endangering the health of the permanent dentition, gives cause for alarm.

The back-log of work referred to in my last report was cleared by early Spring, but because of the present staff crisis a new back-log of children awaiting treatment has developed, but it is hoped to remedy this as soon as conditions permit.

Attendances and Treatment

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First visit	621	658	152	1,431
Subsequent visits	889	1,682	466	3,037
Additional Courses of Treatment Commenced	120	175	28	323
Total visits	1,630	2,515	646	4,791
Fillings in Deciduous Teeth	484	75	-	559
No. of Deciduous Teeth Filled	442	69	-	511
Deciduous Teeth Extracted	881	270	-	1,151
Fillings in Permanent Teeth	408	1,501	464	2,373
No. of Permanent Teeth Filled	351	1,283	422	2,056
Permanent Teeth Extracted	51	221	82	354
General Anaesthetics	349	220	37	606
Emergencies	24	10	-	36

No. of Pupils X-rayed	...	...	...	...	...	...	71
Prophylaxis	...	...	...	...	...	...	281
Teeth otherwise conserved	...	...	...	...	...	...	92
No. of teeth root filled	...	...	...	...	...	...	2
Inlays	...	...	...	...	...	...	Nil
Crowns	...	...	...	...	...	...	1
Apicectomies	...	...	...	...	...	...	1
Courses of treatment completed	...	...	...	...	...	...	1,126
General anaesthetics administered by Dental Officers	...	...	...	...	...	...	20

Orthodontics

Cases remaining from previous year	...	...	...	...	...	13
New cases commenced during year	...	...	...	...	...	26
Cases completed during year	...	...	...	...	...	7
Cases discontinued during year	...	...	...	...	...	5
No. of removable appliances fitted	...	...	...	...	...	43
No. of fixed appliances fitted	...	...	...	...	...	Nil
Pupils referred to hospital consultant	...	...	...	...	...	Nil

Prosthetics

	Ages 5-9	Ages 10-14	Ages 15 and over	TOTAL
Pt. supplied with F.U. or F.L.	-	-	2	2
Pt. supplied with partial dentures	1	4	4	9
No. of dentures supplied	1	4	7	12

Inspections

FIRST Inspection at School: No. of Pupils.	5,225
FIRST Inspection at Clinic: No. of Pupils.	507
No. Found to Require Treatment.	3,682
No. Offered Treatment.	2,556
Pupils Re-Inspected at School or Clinic.	174
No. Found to Require Treatment.	134

Sessions

Sessions Devoted to Treatment.	599.5
" Devoted to School Inspection.	31
" Devoted to Administration.	37
" Devoted to Dental Health Education	1

(b) MATERNITY AND CHILD WELFARE SERVICES

This service has continued at around the 1966 level of 100 plus patients, but it is encouraging to note that there has been a marked increase in the demand for conservation dentistry whilst the number of extractions in the pre-school category has dropped remarkably.

The system of referral by the Health Visitors is working well, but there still exists a marked ignorance amongst the general public of the service offered to pre-school children, resulting in the highly carious mouths found amongst 5 year olds on routine school inspections.

	No. Inspected	No. Offered Treatment	First Visits	Subsequent Visits	Total Visits	Additional Courses of Treatment Commenced
Expectant and Nursing Mothers	33	33	38	123	168	7
Children 0-4	62	41	68	59	138	11

	No. of Teeth Filled	No. of Teeth Extracted	General Anaesthetic	Prophylaxis	Teeth Root Filled	Teeth Otherwise Conserved
Expectant and Nursing Mothers	54	64	14	15	1	-
Children 0-4	39	58	25	1	-	9

	Crowns and Inlays	X-Rays	Dentures			No. of Courses Completed
			Patients supplied with Partial Dentures	Patients supplied with full Uppers or Lower	No. of Dentures Supplied	
Expectant and Nursing Mothers	-	3	12	5	25	29
Children 0-4	-	-	-	-	-	55

General anaesthetics administered by Dental Officers ... 1

No. of equivalent full-time sessions ... 44

(c) JUNIOR TRAINING CENTRE

A visit was made to the Junior Training Centre in July 1967, details of which are given below. The standard of dental care was surprisingly high and the co-operation shown by both the staff of the centre and by the parents of the children was very commendable allowing the majority of those needing treatment to receive the necessary attention. The treatment figures are included in those for the school dental service.

No. inspected	...	...	...	...	39
No. fit	...	...	...	...	21
No. unable to examine	...	...	...	...	3
No. absent	...	...	...	...	2
Offered treatment	...	...	...	...	18
No. accepting treatment	...	...	...	...	11

CHILD GUIDANCE CLINIC ANNUAL REPORT 1967

During the year under review the number of patients referred has risen slightly and the trend noted previously for earlier referral has continued. This probably reflects the greater public awareness of the emotional needs of children and the advice given by doctors, Health Visitors and teachers to parents.

There is no doubt that many problems can be dealt with by advice and reassurance when in the early stages and that it is only when both parent and child become desperate by the continuing presence of a symptom that they find it difficult to change their ways and fail to understand each other.

Many children have a very deep understanding of the adults surrounding them and as some firms have recognised in their advertising jingles the children "suffer from adults" but good humouredly accept the situation.

The true give and take of a stable and happy family life is the goal we aim to achieve by Child Guidance treatment. On occasions a break by separation in hospital gives the opportunity for tensions to settle more rapidly than any other way and we are fortunate that this can be easily and rapidly arranged in this area.

As in the last Annual Report I am glad to pay tribute to the University students who have given up their time to staff a children's playgroup for one afternoon a week. The students are becoming a valuable asset to the City in this and many other ways and I know this practical example of social service has been much appreciated.

The staff of the Clinic are happy with the continuing help from and contact with the other agencies of the area and will do as much as they can to foster this association.

K. M. FRASER,

Medical Director.

TABLE C.G.1.

SOURCE OF REFERRAL

	1967		1966	
	County	City	County	City
School Medical Officer	11	19	6	16
Private Doctor	38	15	35	12
Juvenile Court/Probation Officer ...	7	3	4	1
Parent or Foster-parent	10	10	2	3
Educational Psychologist/School ...	17	6	19	10
Other Clinics or Psychiatrists ...	19	5	17	-
Miscellaneous Social Agencies, including Children's Officers, Infant Welfare Clinics, etc. ...	7	3	2	2
	109	61	85	44
	170		129	

TABLE C.G.2.

DIAGNOSTIC WAITING LIST

31.12.1967		31.12.1966	
County	City	County	City
23	19	20	12

TABLE C.G.3.

NEW CASES DIAGNOSED

Taken on for Treatment
Remedial Coaching
Diagnosis and Advice

1967			1966	
County	City	Out of Area	County	City
67	31	1	57	24
6	3		5	2
15	8		9	3
88	42	1	71	29
131			100	

TABLE C.G.4.

Improved
Placed at residential school
Unco-operative
Moved and case transferred
to authority in new locality
Case withdrawn after partial
service

1967			1966	
County	City	Out of Area	County	City
32	15	1	25	25
12	3		9	3
6	4		2	1
9	5		9	2
9	9		7	1
68	36	1	52	32
105			84	

STAFF	CANTERBURY CHILD GUIDANCE CLINIC	1967
Consultant Psychiatrist and Medical Director	K. M. Fraser, M.B., Ch.B., D.C.H., D.P.M.	
Educational Psychologist	Brian Roberts, B.A., Dip.Psych.	
Psychiatric Social Worker	Miss M. E. Cripps, A.A.P.S.W.	
Occupational Therapist	Miss H. M. Hamblin, M.A.O.T.	
Remedial Teacher	Mr. J. Wyborn, (Saturday mornings only)	
Clinic Secretary	Miss N. Drury	
Part-time Clerk	Mrs. B. Lawrence	

SERVICE INFORMATION

The following section provides general information for those who use or work with the local health services provided by the City Council:

Ambulance Service

The Ambulance Service for the City and around is provided jointly by Canterbury City Council and Kent County Council, and is supplemented by the Hospital Car Service and by use of rail transport. Except in the case of emergencies or accidents, requests are only accepted from medical practitioners and authorised officers of hospitals and local health authorities.

Canterbury Ambulance Station, Old Ruttington Lane, Canterbury. Tel.No.65001.

In emergency use 999 and state name, number of your telephone and the nature and location of the emergency, and do not ring off until the information is checked back.

Questions on ambulance service matters concerning this station area may be made at Canterbury 64411 Ext.42.

District Nursing

The services of a nurse are obtained through the family doctor under whose clinical direction the nurses work. Nursing requisites are loaned out by arrangements through the nurses. Larger articles may be obtained on loan from the Central Clinic or through British Red Cross Society, St. John Ambulance Brigade, and the Alford Aid Society. Incontinence pads for special cases not being attended by a district nurse may be obtained from the Central Clinic at a charge.

Address: Poor Priests' Hospital, Stour Street (Central Clinic, side door). District Nurses - Tel. No. Canterbury 64917.

MRS. R.B. LEUTNER, S.R.N., S.C.M., Q.N.S. Tel. Stelling Minnis 316.

MISS M.K. GILLET, S.R.N., S.C.M., Q.N.S. Tel. Canterbury 65763.

MRS. M. PERCIVAL, S.R.N. Tel. Canterbury 63333.

MRS. M.E. PERKS, S.R.N., Q.N.S. Tel. Whitstable 4719.

MISS E.P. GOUDIE, S.R.N., S.C.M., Cert. D.N. Tel. Canterbury 66562.

MISS M. WIMBUSH, S.R.N., Q.N.S. Tel. Chaucer 2360.

Domiciliary Midwifery

Domiciliary Midwives provide a service for the delivery of mothers at home. In general the care is provided in conjunction with the family doctor, but the midwives are qualified to practice alone if required to do so. The midwives now work to particular medical practices and the name of the midwife to be booked is obtained from the surgery.

Staff:

MISS N.E. THOMAS, S.R.N., S.C.M., S.R.F.N., Q.N.S. Tel. 63962.

MRS. F.M. LIVERSEDGE, S.R.N., S.C.M. Tel. 65356.

MISS C.H.L. DESAINT, S.R.N., S.C.M. Tel. 65828.

MRS. J. HOWARD, S.R.N., S.C.M.(RELIEF). Tel.66056.

Home Help Service

A service provided to meet the needs of households in difficulty through illness, maternity or complications of pregnancy, physical handicap or infirmity, or arising from the presence of young children or sudden family breakdown.

Requests for the service are accepted from family doctors, authorised officers of the hospital or local health services and certain social work departments. Each case is assessed for charges according to income.

Home Help Supervisor, Mrs. J.F. Amos, Health Department, 15a Dane John. Tel. No. 64411 Ext. 47.

Health Visiting

Six Health Visitors provide a service for the care of mothers, infants and young children and the promotion of health through advice and health education, in the home, amongst school children, and through the child welfare clinics. They are concerned in the welfare of the elderly and infirm in their district and are associated with the family doctors by regular contact with surgeries. They are also concerned with the care and after-care services.

Headquarters: Central Clinic, Stour Street. Tel. No. 64411 Ext. 49, 46, or 27.

Staff:

MISS A. GREY, S.R.N., H.V.Cert.(Superintendent Health Visitor).

MRS. P.E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

MISS J.C. BARBER, S.R.N., H.V.Cert.

MRS. P. RUSSELL, S.R.N., H.V.Cert.

MRS. B.M. RUTKINS, S.R.N., S.C.M., H.V.Cert.

MISS K.J. ALLSON, S.R.N., S.C.M., H.V.Cert., Q.N.S.

(Clerk: Mrs. A. Burton).

A special Tuberculosis Health Visitor works from the Clinic for Diseases of the Chest, 43 New Dover Road, Canterbury. Tel. 62336.

Care of Mothers and Young Children

Clinic Times:

Monday, 2 p.m., 51 London Road, May Hooker Memorial Clinic: Health Visitor and W.R.V.S. voluntary workers (Doctor fortnightly) (London Road Clinic)

Tuesday, 10 a.m. St. Stephen's Church Hall: Health Visitor and Voluntary Workers. (Doctor once a month) (St. Stephen's Clinic).

Tuesday, 2 p.m. Hollow Lane, Wincheap Primary School: Health Visitor and Voluntary Workers (Doctor once a month). (Wincheap Clinic).

Tuesday, 2 p.m. Welfare Hut, Military Road: Health Visitors and Voluntary Workers (Doctor fortnightly) (Northgate Clinic).

Thursday, 2 p.m. Central Clinic, Stour Street: Doctor, Health Visitors and Voluntary Workers.

Friday, 9.30 a.m. - 12 noon. Central Clinic: Immunisation.

Friday, 2 p.m. Central Clinic, Stour Street; Doctor, Health Visitors and Voluntary Workers.

Mothercraft and Relaxation Classes

Monday, 2.30 p.m. Central Clinic: Physiotherapist and Health Visitor.

Sewing Classes

Tuesday, 2.15 p.m. Central Clinic (during School term-time).

Dental Clinic (Expectant and Nursing Mothers and Pre-School Children Priority Dental Service)

Central Clinic Surgery (Ground Floor). (Treatment is also carried out by appointment at the Dental Surgery in the School Clinic, Northgate).

Birthday dental inspection and advice at age 3 years and 4 years is encouraged and the Dental Surgery in the Central Clinic is used for that purpose.

Unmarried Mothers

Help is provided for the special need of the unmarried mother and assistance is arranged through the Welfare Visitor. Tel. No.63186 (before 10.30 a.m.) at 46 Old Dover Road (Miss U. Miller). Approach for assistance may also be made through the family doctor, health visitor, or by letter to the Medical Officer of Health, Dr. M.S. Harvey, 15a Dane John, Canterbury, marked

strictly confidential. The Health Department works with the Diocesan Council for Social Work, and the Southwark Catholic Rescue Society in providing care.

Exfoliative Cytology

A Cervical smear test clinic is held on Thursday evenings in the Central Clinic by appointment only, for women to 65 years. A lady doctor is in attendance. Appointment forms are obtainable from the Health Department, the clinics, or through doctors' surgeries. The family doctors are providing a similar service for their patients through their own surgeries.

Facilities are provided for Kent County Health Department to run a similar clinic for women from the County area. This clinic runs on Wednesday afternoons and forms of application are obtainable from County Hall, Maidstone, or from any of the County Welfare Clinics.

Family Planning

There is a local Branch of the Family Planning Association (see list of Voluntary Societies). The Clinics are held on Tuesday morning and Tuesday and Wednesday evenings each week in accommodation provided in the Central Clinic, Stour Street, Canterbury. Cases are seen by appointment, made through Tel. Canterbury 61267 before 10 a.m. or 1 to 2 p.m.

School Health Service

This service is staffed by doctors and dentists listed at the end of the report and is based for records, minor ailments treatment, dental treatment and special examinations and clinics on the

School Clinic, St. John's Place, Northgate. Tel. 63794

The Nursing Staff comprises the Health Visitors, and

School and Clinic Nurse: MRS. A.F. HARRIS, S.R.N., S.C.M.

Dental Surgery Assistant: MRS. E.M. GREENSTREET

School Nurse: MISS M.E. PHIPPS, S.E.N.

School Health Service Clerk: MRS. P.A. WOODS and 1 part-time clerk.

Speech Therapy

Referrals are made through the School Health Service or the Medical Officer of Health. (Kent County Speech Therapy Clinic in Canterbury is at 94 Whitstable Road).

Child Guidance Clinic

Referrals are through the School Medical Officer, family doctor or hospital consultant, and the School Psychological Service. As indicated in the report from the clinic which is printed earlier in this Annual Report contact between head teachers, social workers and the clinic is welcomed. Staff are listed in the clinic report. Clinic, 51 London Road, Canterbury. Tel. No. 62733.

School Dental Service

The Dental Centre is in the school clinic, St. John's Place, Northgate with subsidiary use of the surgery at the Central Clinic, Stour Street. Mr. Brian West, L.D.S., R.C.S., Principal Dental Officer may be contacted through Canterbury 63794.

Mental Health Service

The care and after-care of mentally ill and mentally handicapped persons is provided by the Social and Mental Welfare Officer, Mr. A. Head, 15a Dane John. Tel. No. Canterbury 64411 Ext. 45, backed by Mr. G. King, Mental Welfare Officer.

THE CANTERBURY TRAINING CENTRE provides 50 places for junior and adult mentally handicapped persons. Address: Canterbury Training Centre, Woodville Close, Wincheap, Canterbury. Tel. No. Canterbury 64316.

Supervisor: MRS. E.M. MONTI

Other staff: MRS. W. COOMBES, MR. R. GRADY, MRS. R. IRVINE,
MRS. L.I. CLARKE, MRS. J. SKINNER, MRS. W. FOWLER.

Applications for admission should be sent to the Medical Officer of Health, 15a Dane John, Canterbury.

Special Aids for the Handicapped or Elderly

The Health and Welfare Departments are each concerned in such help on a case basis. Tel. 64411 Ext. 40 or 45.

Chiropody

A chiropody service is provided for elderly, or physically handicapped persons, and expectant or nursing mothers. Cases are referred through the family doctor, the local health authority nursing staff, the Ministry of Pensions or the hospital service. Treatment is given at the chiropodist's rooms or by domiciliary visit. The proportion of cost to be paid by the case is assessed on ability to pay but a small minimum charge is payable by all cases at the time of treatment.

The British Red Cross Society provides a corn service for elderly ambulant persons at its Headquarters in Lower Chantry Lane.

Foul Laundry Service

A service for the collection of fouled linen, laundering and delivery is provided through the Health Department to assist with the home care of incontinent bedridden patients. A charge is made per article laundered. Cases are referred through the family doctor, hospitals or district nurses. Contact: Health Department. Tel. No.64411 Ext.48 (see also District Nursing ref. incontinence pads).

Care and After-Care

Ancillary nourishment is provided for cases on the recommendation of the Chest Physician. In special cases of debility assistance can be given or arranged for recuperative care. Convalescence after hospital treatment is arranged by the hospital service. In other cases help may be arranged by the Health Department in conjunction with the family doctor.

The local nursing, home help and social services are used to assist with the after-care of persons discharged from hospital, particularly the aged, and to help recovery and resettlement back into the community.

Prevention of Illness, etc.

B.C.G. vaccination against tuberculosis is provided for case contacts through the Chest Clinic and for young persons from age 11 upwards by approved Medical Officers. The routine B.C.G. programme is carried out in the secondary schools, local public schools and through the School Clinic for older applicants. Forms of consent are distributed through the schools, but may also be obtained on application to the Health Department, or the Registrars of the College of Art and the Technical College for students at these Colleges.

Vaccination and Immunisation

The scheme covers protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis and such protection is available for children through the local Child Welfare Clinics or the family doctor.

Adult vaccination for those going abroad, and protection against typhoid and paratyphoid, etc. are not dealt with under the local health authority scheme and should be discussed with the family doctor. Authentication of Doctors' signatures on International Certificates is done in the Health Department (Monday to Friday).

X-ray of the Chest (Routine).

An open clinic is held at the Clinic for Diseases of the Chest, 43 New Dover Road on

Monday 9.30 - 11.30 a.m. 2 p.m. - 3 p.m.

Friday 9.30 - 11.30 a.m.

No prior appointment is required.

Venereal Diseases Clinics

See the Medical Officer of Health's annual report page 20.

Postal Addresses of Voluntary Societies

British Red Cross Society, Lower Chantry Lane.

St. John Ambulance Brigade, 17 Lancaster Road, or Headquarters, Church Lane, St. Mildreds.

Alford Aid Society, 43 Old Dover Road.

T.B. After-Care Committee, Chest Clinic, 43 New Dover Road.

National Society for the Prevention of Cruelty to Children, 30 Cherry Garden Road.

Royal Society for the Prevention of Cruelty to Animals, 60 St. Martin's Road.

Discharged Prisoners' Aid Society, 4 Gas Street.

Women's Royal Voluntary Service, 3 Castle Street.

Family Planning Association, 14 Whitehall Gardens.

Canterbury Society for Mentally Handicapped Children, 87 Tenterden Drive.

Canterbury Hard of Hearing Club, Hawcroft Farm, Sturry.

Canterbury Voluntary Association for the Blind, "Brearly", Pilgrim's Way.

Diocesan Association for the Deaf, Lady Wootton's Green.

Disabled Drivers' Association, 215 Wincheap.

Diocesan Council for Social Work, Diocesan House, Lady Wootton's Green.

Canterbury Old People's Welfare Committee, c/o Royal Insurance Company, 16 Lower Bridge Street.

Marriage Guidance Council, 1a Castle Street.

Citizens' Advice Bureau, 5b Best Lane.

National Institute for the Deaf, Roper House, St. Dunstan's Street.

Society of Friends, Friends' Meeting House, The Friars.

Toc H., 81 Cherry Drive.

Medical, Administrative, Clerical Staff

HEALTH DEPARTMENT, 15a Dane John. Tel. No. 64411.

Pedestrian access from Dane John Gardens, Car Park off Worthgate Place.

Medical Officer of Health and Principal School Medical Officer:

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and School Medical Officer:

JAMES LESLIE GORDON, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer:

B. J. WEST, L.D.S., R.C.S.

Chest Physician and Adviser in After Care:

O. CLARKE, M.D., M.R.C.S.

Medical and Dental Officers (Part-time):

DR. F. B. CHEESE, M.B., Ch.B. (Child Welfare)

DR. J.A. CHEESE, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Anaesthetics).

MR. R.M. WATSON, L.D.S., M.R.C.S. (ENG.)

DR. JEAN J. S. NICOLSON (Cervical Cytology).

DR. KATHLEEN H. CHRISPIN (School Health, Child Welfare, Cervical Cytology).

Lay Assistant: D. PLEDGE.

Senior Clerk: MISS J. MASHMAN.

Clerical Officer: MRS. J. SPICE.

Clerical Staff: MISS B. E. HOWARD.

MISS A. LEAMY

MISS J. LOUDON

and 1 part-time Clerk.

Central Clinic Clerk: MRS. N. BUTLER.

General Assistant: C. A. EASTLAND.

Public Health Inspectorate

Chief Public Health Inspector: (Tel. No. 64411).

T. L. MARTIN, F.A.P.H.I.

Senior Meat Inspector:

A. R. CLARK, M.A.P.H.I., Meat Inspector's Certificate.

Senior Public Health Inspector:

F. W. BROMLEY, M.A.P.H.I., Meat Inspector's Certificate.

Public Health Inspector and Meat Inspectors:

R. H. CUFF, Cert. P.H.I.E.B., Dip. Inspector of Meat and Other Foods.

T. S. BRUNTON, Meat Inspector's Certificate (Scotland)

W. F. WILKINSON, M.A.P.H.I., Dip. Inspector of Meat and Other Foods.

Rodent Officer and General Assistant:

H. E. HADLEY.

Section Clerk:

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